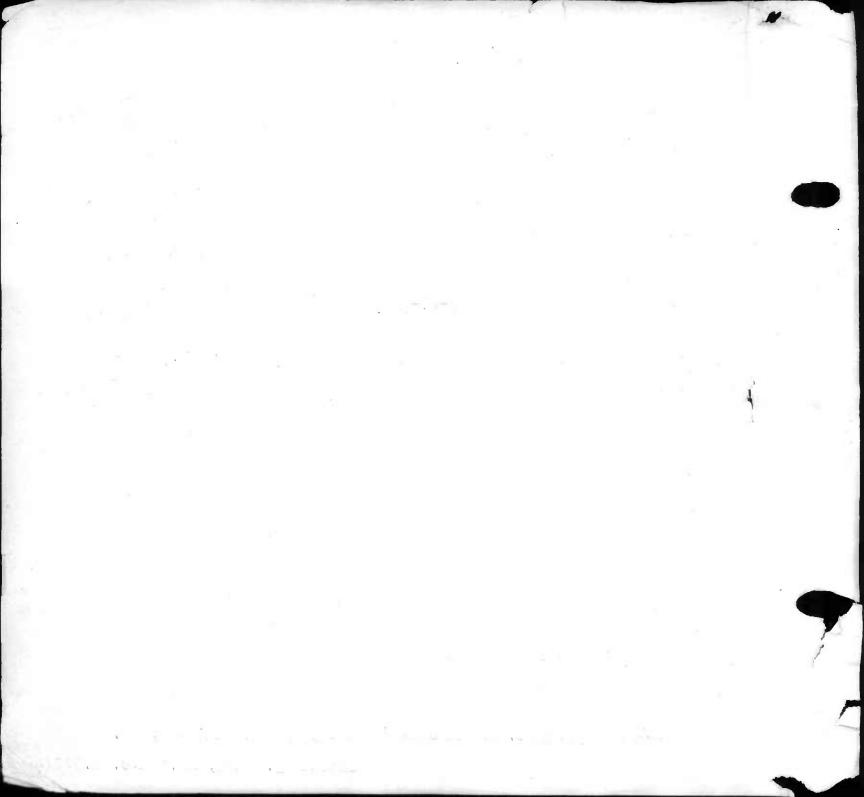
	20 50	BALTIMORE CITY	HEALTH DEPARTMEN	Т	69004	
	68- 50	CERTIFICA	TE OF DEATH	H REG. NO	00- 0011	
	TH NO. AME OF DECEASED		2 DAT	E AND HOUR OF DEATH		
	e or Printl ELIZABETH	RICHARDS	SON "S	-10 68	605-P M.	
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. C	SUNTY (stitution: residence before admission)	
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	ID. IN	DE CITY LIMITS?	
IN	Mera land Gene	enal	13al112	none /	NO NO	
13	mary care		E. STREET AND NUMBI	ER	0-/-	
1	Itaspu la		2902	Wyman	parting	
5. \$	6. RACE W WIDOW	INEA EK WAKKED	1-2 85	9. AGE (In years last birthday) 83	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 10 B. KIN I during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife		Many C	and	American	
13.	FATHER'S NAME	().	14. MOTHER'S MAIDEN	NAME	21 ()	
	yearge Know	Len	Cathe	enne a	LOURE	
15. ' (Yes	Was Deceased Ever in U. S. Armed Farces? ,no or unknown) (If yes, give wor or doles of servi	16. SOCIAL SECURITY NO. 214-12-4259	17. INFORMANT DiDHULE	· Ridea	ADDRESS edsom	
	1B.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY		n + .	1 1. 1/	I SETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU		luctic Hyp	ercuce	
	this does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: Carolio Vasculae disease				no discore	
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving (B) CHO ESCULE DUE TO, OR AS A CONSEQUENCE OF:				alluse:	
	rise to the above cause (A) stating UNDERLYING CONDITION last.					
	443X II	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTII	NG			LINE CANADASHAR	
ATI	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).					
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F	20 A. AUTOPSY2 (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off	or obout 21C. WHERE DI	ID (If in Baltimar	e City, give exact location)	
CAL	DEATH (notify medical examiner)	etc.)				
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED		INJURY OCCUR?		
2	(APPROX.)	White At Not White At Work				
	2. I certify that (1) (this haspital) attended the deceased fram 5 - 4 19 65 to 5 - 10 19 68,					
	that (I) (we) last saw the deceased alive	nat (1) (we) last saw the deceased alive an				
	nd haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.					
	A. SIGNATURE A. SIGNATURE AMENDING Med. Sholl					
DEGREE Phys. Director Phys.						
4	123C. PHYSICIAN'S F BIORNSSON 23D. ADDRESS Make (Type) F BIORNSSON Make Cond General Haspiral					
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24	D. LOCATION (Ci	ty, town, or county) (Stote)	
	Burial 5/14/68.	Greenmount Ce		Baltimore	, Md.	
25A	DATE REC'D BY HEALTH DEPT. 258. NAT	ME OF REGISTRAR	25C FUNERAL DIREC	CTOR	Balto.Md. 21214	
	MAY 13 1968 12 Dec	DE CALLERA	Leonard 14.	· Kuck, Inc. E	salto.111d.21214	
VS	150-REV. 1/1/6B					



311	68- 5002 BALTIMORE CITY	HEALTH DEPARTMENT
75705	CERTIFICA	TE OF DEATH REG. NO. 68- 5002
and eath ased th	BIRTH NO. 1. NAME OF PRINT BIRTH NO. 1. NAME OF PRINT 1. NAME	2. DATE AND HOOR OF DEATH
- 2 c d	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5/10/68 0 AM.
o Do O	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hos Jse (5) Ian de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CID LIMITS?
cau se; end to	INSTITUTION 3/2 1.T.	Baltimore VEST NO
ed in ting d cau r att	37 Mercy Haspital	E. STREET AND NUMBER 3908 Greenmount Ave. 5303
ntribu rmine egula ased	MAKKED I INEVER MAKKEDI'T	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
re re	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
or condet indet s in december it ion	none	Maryland U.S.A.
if de rect (4) Un was the sposi	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
disp	Carl V. Petro 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Kathleen Blackwood
ind ind al	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	77. INFORMANT ADDRESS
th th kince	no none	Carl V. Petro same
any ced nda	18. OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lso, of a ounc tten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUS	Cardio respualous anest.
ono ono afm		CONSEQUENCE OF:
ner act pr pr	injury or complication which coused death.)	T Cerebial palsy
fr fr ho egu	ANTECEDENT CAUSES (B) PLYANO (B) PLYANO	coffalus & arrest of
exe 3) A 3) A	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	
ical ial is; (3 4 4 . 2 II	
did did	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
me me y bu ph ph ign	U 194 DATE OF OBSPATION 1198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. 1F YES, WERE FINDINGS CONSIDERED
Bod Bod	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	done IN CERTIFYING CAUSES OF DEATH?
the al by ; (2) liere lo ph	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, off DEATH (notify medical examiner)	or obout 21 C. WHERE DID (If in Boltimore City, give exact location) ice bldg., INJURY OCCUR?
by white	21D.TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
hosinatu	OF INJURY (APPROX.) While At Not While Work At Work	
he he xce	22. I certify that (I) (this haspital) attended the deceased fram	ay 8 1967 to May 10 1968
app fort far far (e	that (1) (we) lost saw the deceased alive an	19and that in my) (aur) apinian death accurred an the date
0 0 5 7	and hour and from the causes stated above. (1) (We) (did) (did not) vi	ew the bady after death.
must be eleased ccident hospit to deat	23A. SIGNATURE AHE	ading Med. Staff
	DEGREE Phys	ading Med. Stoff Director Phys. Stoff Stof
was r was r An a Ar at prior	NAME (Trap)	Mercy Mase , clase
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY (State)
T. D. O. O. C.	Burial 5/13/68 Holy Redeeme	r Cem. Balto. Md.
This certifihe body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT 68 25R NAME OF REGISTRAR	r (em. Balto. Md. 26C. FUNERAL DIRECTOR Ruck Inc. Balto. Md.
	VS 150-REV. 1/1/68	

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68-	500
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BALTIMORE CITY HEALTH DEPARTMENT

	68-	5003
D	00	0000

BIRTH NO. 1. NAME OF DECEASED	FICATE OF DEATH 2, DATE AND HOUR OF DEATH
TYPE OF PRINT JAMES R. SOHL	MAY 10,1968 11:55 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissio A, STATE B, COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STRINGSTITUTION ONION MEMORIAL HOSPIT	C. CITY OR TOWN
6. RACE WIDOWED NEVER MARR	CED 06-05-94 Ost billhody 73 Months Doys Hours
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN lone during most of working life, even if retired) Retired Dist. Supervisor Dairy	MARYLAND 12. CITIZEN OF WHAT COUNTY AMERICAN
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE A. SOHL	CORA NELSON
(Wos Deceosed Ever in U. S. Armed Forces? es, no of unknown) (If yes, give wor of dates of service) Yes WW 1 16. SOCIAL SECURITY NO 214-09-85	
rise to the above couse (A) stating the	O, OR AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJU home, faim, foctory, etc.)	RY (e.g., in or obout 21 C. WHERE DID street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) fHour) 21E, INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR? Not While At Work
fAPPROX.)	At Work
22. I certify that (I) (this haspital) attended the deceased from	om May 7, 1968 to May 10 1968 2, 1968 and that in (my) (exp.) apinian death accurred an the do
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an	om M247, 1968 to M24 10 1968 19 68 and that in (my) (com) apinian death accurred an the do 19 68 Attention of the bady after death. 23B. DATE SIGNED Attending Med. Shaff May 10/1968
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (I) (Wax) (did) (did	19 68 and that in (my) (ap) apinian death accurred an the da test) view the bady after death. Attending Med. Shaff W May (0,1968 Director Phys. Way (0,1968 THE UNION MEMORIAL HOSPITAL THE UNION MEMORIAL HOSPITAL
22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive an	am 19 68 to 19 68 19 68 and that in (my) (ap) apinian death accurred an the distribution view the bady after death. 238. DATE SIGNED Way (0,1968) Attending Director Phys. Way (0,1968) THE UNION MEMORIAL HOSPITAL PROFITAL ATTENDED ATTENDED

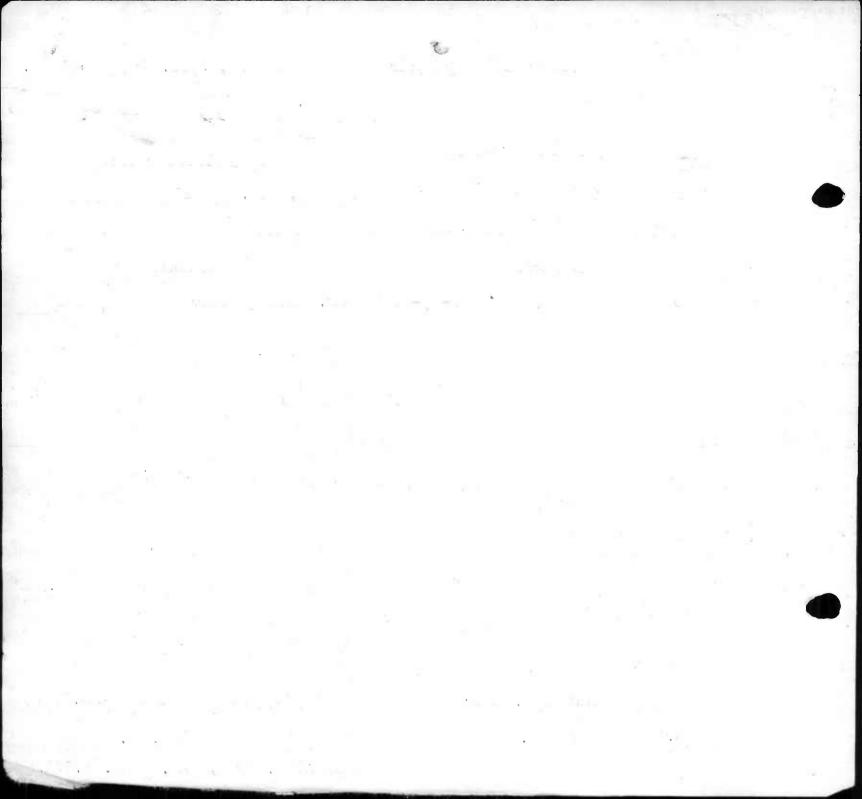
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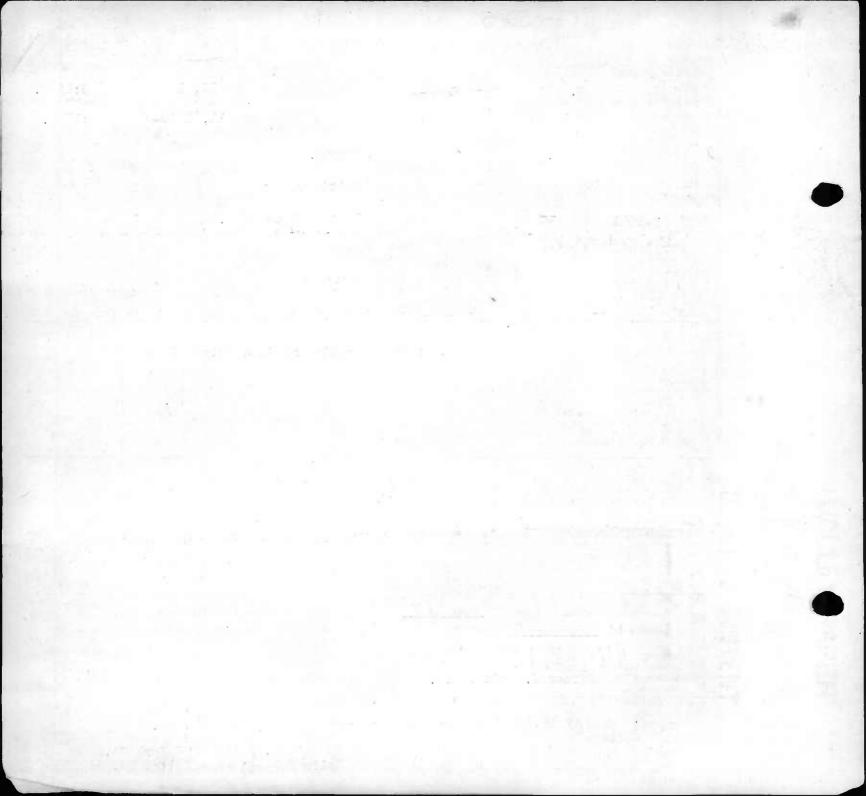
BALTIMORE CITY HEALTH DEPART	IMENT SO CO.		
68- 5004 CERTIFICATE OF DE	ATH REG. NO. 58- 5004		
BIRTH NO.	, DATE AND HOUR OF DEATH		
(Type or Print) Alexander Ewachiw	May 10, 1968. 2:30 1		
	NCE (Where deceased lived, If institution; residence before admis		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md.	77 211		
HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN	D NSIDE CITE MITS?		
01.	more YES NO [
6217 Fairdel Avenue E. STREET AND N	NUMBER		
00	6217 Fairdel Avenue		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Male White WIDOWED DIVORCED March 15.	,7880. 82		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (S)	110.4		
Retired Maintenance Au	stria USA		
13. FATHER'S NAME			
Unknown	Unknown		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS		
No 220-24-0002A Mrs. R	ose Ewachiw (Same)		
18. Ly CAUSE OF DEATH	APPROXIMATE INTERV		
DISEASE OR CONDITION DIRECTLY	1 - O I A BETWEEN ONSETAND D		
LEADING TO DEATH	Irdeal Sugarrhon 5 hour		
(This does not meon the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease,	OF:		
injury or complication which caused death.)	200.11		
ANTECEDENT CAUSES (8) A MUM School	1 Carlle Vascellar Dury 20 7		
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE inse to the obove couse (A) stoting the	OF:		
UNDERLYING CONDITION Iosi. (C)			
Z 4201/ II	- M. M. Manskinson		
P TO THE DEATH BUT NOT RELATED TO THE TERMINAL	uncoalrolled toe leftant 8 yrs		
I ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	(Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHE home, form, factory, street, office bldg., INJURY C	ERE DID (If In Boltimore City, give exact location)		
DEATH (notify medical examiner)	occok:		
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW	W DID INJURY OCCUR?		
OF INJURY (APPROX.) While At Not While I			
	July 1958 to Must 1968		
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased glive on 1968			
11.00x0000x0000000000000000000000000000	and that in(my) (Aur) aplnian death occurred an the		
and hour and from the causes stated above. (1) (We) (dtd) (did not) view the body after	er death. 23B. DATE SIGNED		
23A. SIGNATURE Attending Med	4/1		
DEGREE Phys. Direction Direction of the	A. Shaff 10 May 190		
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	==== 11 1 10 10 11 0 =====		
Thomas J. Brennan IID DEGREE	521/ Harford Road Balto. 2121		
24A. SURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (Sto		
Burial 5/13/68. Dulaney Valley Cemetery	Baltimore, Md.		
25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL	DIRECTOR ADDRESS		
MAY 13 1968 Rebebe, Jakou Leonard	J. Ruck, Inc. Balto. Md. 2121		
THE A DESCRIPTION AND A PARTICULAR AND A			



68- 5005 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. m-244

23.63	- 0 - F
for the way	1 1 1 1 h
68-	5005
00	0 0

BIRTH NO.			1911	REG. NO.		
1. NAME OF DE	CEASED	1	MacLellan	2. DATE Known Month Doy Year Haur		
RUSSELL	т.	K À	C-CIFIIAN	OF DEATH Estimoted May 11, 1968 8:15 P		
	TIMORE, MARYLAND, V	WHERE PRON	OUNCED DEAD	3. DATE Month Doy Yeor Hour		
FULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	ON, GIVE STREET	PRONOUNCED DEAD May 11, 1968 8,15 P.		
OR INSTITUTION		1		5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
	CClean Blvd.	10	-	Maryland In Incide City Haves		
6. SEX	7. RACE	- /	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
male	white	WIDOWED		Baltimore YES X NO		
9. DATE OF BIRT	H 10. AGE (I	y) Mon	nder 1 Yr. If Under 24 Hrs. ths: Doys: Haurs: Min.			
Sept 21.				7064 McClean Blvd.		
	State or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
	and, Baltimore	3	USA	Harry MacLellan		
14A.USUAL OCCL	JPATION (Give kind of work	148. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME		
	working life, even if retired)			Nellie ?		
	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORMANT ADDRESS		
(Yes, no ar unknown	(If yes, give war ar dotes	of service)	SECURITY NO.	Wethleen W MacJellan Same (Wife)		
19.	7 11		212-05-2796 CAUSE OF DEA	Tha chireen M. Fachellan		
710	11/1		CAUSE OF DEA	BETWEEN ONSET AND D		
DISEAS	SE OR CONDITION DIRE	CTLY	Arterio	sclerotic Cardiovasculær Disease		
	LEADING TO DEATH		(A)IMMEDIATE C	CAUSE		
(This does in heart failure	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or ca	mplication which caused de	ath.)				
Δ.	ANTECEDENT CAUSES (8)					
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:					
RISE TO TH	E ABOVE CAUSE (A) STA	TING THE				
Z	THE CONDITION THE		(C)			
OTHER SIGN TO THE DE DISEASE OF	11	CALTRIBUTIAL				
TO THE DE	NIFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TERMINAL				
DISEASE OF	R CONDITION GIVEN IN F					
20A. DATE O	F OPERATION 208. CO	NDITION FOR	WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No		
				No		
Z2A. EXTER	NAL CAUSE WAS	22B.	PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If In Baltimare City, give exact location)		
	G OR CONTRIB-	nom	e, tarm, toctary, street, ottic	ce bldg., etc.) INJURY OCCUR?		
≥ 22D. TIME		r) (Hour)	22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?		
OF INJURY (APPROX.)				T WHILE [
23.		m.	WORK AT W	WORK LI		
	tifu that I hold on	Inquiry 🗍	Inspection X A.	toney and that an this basis death in my aninian		
l cer		Inquiry 🗌	Inspection Au			
l cer	tify that I held on Ited f [†] om: <u>Natural ca</u>	177	Inspection A Au	de Hamicide Undetermined manner		
l cer resul	Ited flam: Natural car	177		de Homicide Undetermined manner DATE SIGNED		
l cer resul ACTUAI	Ited flom: Natural can	177		de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER X		
l cer resu	ted flom: Natural car	17	Suicio	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X		
ACTUAI SIGNAI EXAMIN NAME (Ited fam: Natural can LURE UCCUL NER'S Werner Type)	U. Spit	Suiciden Sui	D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5/12/68		
ACTUAL SIGNAT EXAMIN NAME (Ited fam: Noturol con LIVE Werner JURE Werner Jupe) MATION, [248. DATE	U. Spit	Suiciden M.D	D. ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5/12/68		
ACTUAI SIGNAI EXAMIN NAME (Ited fam: Natural confusers Werner Type) MATION, 248. DATE Type)	U. Spit	Suiciden Sui	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER SOCIATE MEDICAL EXAMINER 5/12/68 Or CREMATORY 24D, LOCATION (City, town, or county) (State)		
ACTUAL SIGNATEXAMIN NAME (24A. BURIAL CREREMOVAL (Spec	Ited fam: Natural confusers Werner Type) MATION, 248. DATE Type)	U. Spit	Suiciden Sui	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER 5/12/68 OR CREMATORY 24D. LOCATION (City, town, or county) (State) Demetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS		
ACTUAL SIGNATEXAMIN NAME (24A. BURIAL CREREMOVAL (Spec	Ited fam: Noturol confusers Werner Type) MATION, 248. DATE (ify) Maj: 15	U. Spit	Suiciden Suiciden Suiciden M.D. Suiciden M.D. Suiciden M.D. AC. NAME of CEMETERY Loudon Park C	CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER STATE ASSOCIATE MEDICAL EXAMINER STATE OF CREMATORY 24D. LOCATION (City, town, or county) (State) Cemetery Baltimore, Md.		



VS 150-REV. 1/1/68

1	BALTIMORE CITY HEALTH DEPARTMENT CONTROL CONTROL CASE OF DEATH REGING 68-500				
700	BIPTH NO 68- 5006 CERTIFICA	ATE OF DEATH REG. NO. 08 3000			
ased the Such	BIRTH NO.	2, DATE AND HOUR OF DEATH			
S	(Type or Print) WHALEY, OLIVE RUTH	MAY 9, 1968 2:10P. M.			
the Dof	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
cause; (5) Decection to death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND 21206 c. CITY OR TOWN BALT I MORE			
	40 ST AGNES HOSPITAL	E. STREET AND NUMBER 4606 BELAIR ROAD			
ad a a	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.			
ermi regu ease is m	FEMALE WHITE WIDOWED XX DIVORCED	06/17/04 63			
deter in redeced	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Housewife	MARYLAND 12. CITIZEN OF WHAT COUNTRY?			
Un Un	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
(4) 1 w the	EMORY FROCK	ALICE FUSS			
a + 4 = b	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS			
kind, deat ce o	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 166-12-4297	ST AGNES RECORDS-WILKENS & CATON AVES			
	18. 44. O CAUSE OF DEAT				
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
of ar of ar unce	LEADING TO DEATH	CVA YORK			
Als	(This does not mean the mode of dying, e.g., (A) MMEDIATE CA	A CONSEQUENCE OF:			
er. ctu	heart foilure, osthenia, etc. It meons the disease, injury or complication which caused death.)	7			
E D DE	ANTECEDENT CAUSES	suresting least Tailing 3 Mos			
who reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	ongestin Heart Failur 3 Mois a Consequence of:			
(3) /	rise to the obove couse (A) stating the				
3 5 . 5	UNDERLYING CONDITION lost. (c)				
rns; sici was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
medical medical burns; physici an was remai	TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 [A].				
he dy a	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
- 0 - 5	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	NO			
000		in or about 21C. WHERE DID office bldg., NJURY OCCUR? (If In Boltimore City, give exact location)			
	O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not Wh	21F. HOW DID INJURY OCCUR?			
hosp natur eept v d (6) ained	OF INJURY (APPROX.) While At Not Wh Work At Work	ale 🗆			
S X X E T	22. I certify that () (this haspital) attended the deceased from	PRIL 21, 1968 to MAY 9, 19 68,			
of and for the	that (X) (we) last saw the deceased alive an MAY 9	19.68 and that in(My) (our) opinion death accurred an the date			
	and haur and fram the causes stated above. (1) (We) (did) (did) (did)	view the bady after death.			
eased ident o hospita death must k	23A. SIGN ATURE	238. DATE SIGNED			
0.= _ 0	Carmorda St Drones	rending Med. Stoff Phys. Stoff 9/6			
S re	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS ST AGNESOHOSPITAL-CATON &			
y was rel y was rel 1) An acc A prior to approval	RAYMOND BAHR DEGREE	WILKENS AVE BOLTO MOV29 229			
7€0.0gg	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (Stote)			
e S S S S S S S S S S S S S S S S S S S	Burial 5-13-1968 Oak Lawn Cemete	ry Baltimore County, Maryland			
the body shows: () was D.O decease written	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
₹ 4 ¥ 9 ¥	MAY 13 1968 P. P. 15 E. Carlow 1	Howard H. Hubbard, 4107 Wilkens Ave. 21229			

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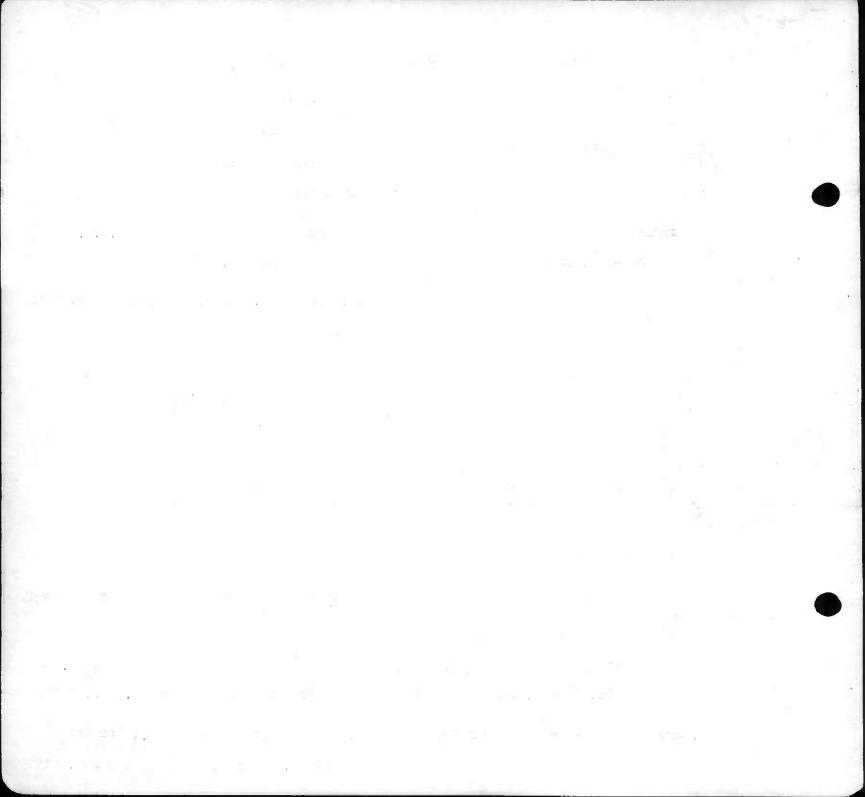
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CERTIFICATE OF DEATH

REG. NO.	68	5007

	or Print)	GENE'	VA PA	.CA FURY		May	8, 1968	Н	
3. PL	ACF IN BALTI	MORE MARYLAND	4		4. USUAL RESII	DENCE (When	e deceased lived. If	institution: r	residence before odn
0. 12			WILL PROTTO O		A. STATE	B. COUN	TY	1	11
	NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUT	TION, GIVE STREET		yland			
	TUTION	ADDRESS OR LOC	34 11014		C. CITY OR TOW		CON	ISIDE CITY L	
						timore		YES	NO 🗌
^	_ 4	904 Parkton	Court		E. STREET AND				
\mathcal{O})		-			arkton		T 44 45 4	- M
5. SEX	X	. RACE		NEVER MARRIED	B. DATE OF BIRT	гн	9. AGE (In years lost birthdoy)	Months	Doys Hours
_	emale	White	WIDOWED				74		
		PATION (Give kind of wo orking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote or forei	gn country)	12. CITI	ZEN OF WHAT CO
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	ATHER'S NAM	E			14. MOTHER'S		ΛE		U,D,A,
	.т	ames W. Pac	а			Mary	E. Hobb	c	
1 / 11				1/ 10 21 11	17 1140		T. HOUD		ADDRESS
		ever in U.S. Armed Follows, give war or da		6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
					Mrs. Blan	nche W.	Mertz,490	4 Park	ton Ct. 21
10	B. 184	.01	- 1	CAUSE OF DEAT				, 1	APPROXIMATE INT
	DISEASE	OR CONDITION D	DIRECTLY	040.0	tastoc	tio C	a old	he	BETWEEN ONSET AND
		EADING TO DEATH		· VVI O	lasvoc		77 M	2 42	6 m
(This does no	I meon the mode of	of dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE	OF:	1-70	~~	
		sthenio, etc. It meon							
11	injury or comp	licotion which couse	d deoth.)	^			11.0		
	A	NTECEDENT CAUSE	2	/					
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1 1	DISEASES OF	CONDITIONS, if		(B) DUE TO, OR A	S A CONSEQUENC	E OF:	the Voor	Juna	*** ****************
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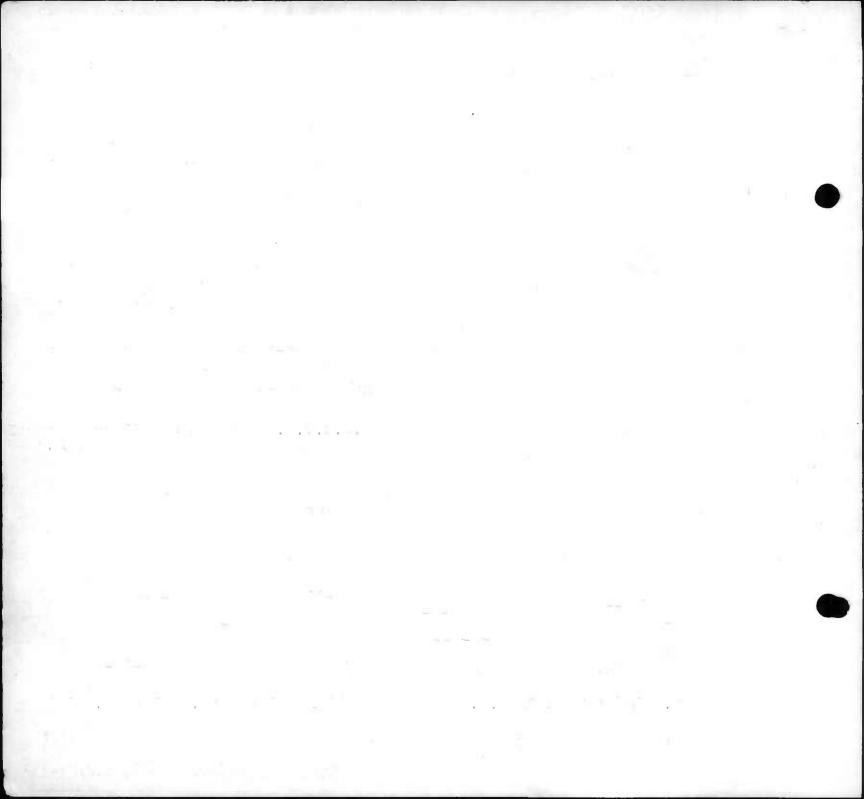
	BALTIMORE CITY HEALTH DEPARTMENT 68- 5008
5	50 SULIS CERTIFICATE OF DEATH REG. NO.
	BIRTH NO. 1. NAME OF DECEASED , 2. DATE AND HOUR OF DEATH
	(Type or Print) MAR. H P03/00 Mp. 8 19681 530 P. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION D INSIDE CIMMMITS?
	DALUMOR YES BY NO
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made	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
is m	I WIDOWED DIVORCED 06 1887 80
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, 81/KTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	Hoise WiF- At Home Md
150	13. FATHER'S NAME
Spo	Maria TOROMAN Mary
ē	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT / ADDRESS
9	[Yes, no or unknown] (If yes, give wor or dotes al service) SECURITY NO.
final	CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
0	BETWEEN ONSET AND DEATH
P	DISEASE OR CONDITION DIRECTLY Cardio - Vascular Disease Several
Ε	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
balmed	heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death,)
em	ANTECEDENT CAUSES
0	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
۵	rise to the obove couse (A) stoting the
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9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
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+	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimore City, give exact location)
ef	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
D	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ne	While At Not While
	WORK L. AT WORK L.
obt	22. I certify that (1) (this haspital) attended the deceased from Jan 2 1960 to many 8 1968.
pe	that (1) (we) last saw the deceased alive an 2000 y 1968 and that in (my) (aur) apinian death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.
must	23A, SIGNATURE
مار	Frank N. Oycley. M. O DEGREE Phys. Attending Phys. Director D Staff Director Staff
2	23C. PHYSICIAN'S NAME-(Type) D A A 23D. ADDRESS
pro	De trank M Orden 2701 M (abvert)
approv	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Pural (Specify) 5-11-68 (PAR WOVA) (BALYO) My
ritten	25A. DATE REC'D 8Y HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNSHAL DIRECTOR APDRESS)
×	MAY 13 1968 DO RD Falling C & Funy You 880x Hartury 1d

23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS LVERT CREMATION, AL (Specify) (Stote) 24D. LOCATION (City, town, or county) R REGISTRAR WUV 4 258. NAME OF 25C FUNSHAL DIRECTOR 2SA. DATE REC'D 8Y 1968 150-REV. 1/1/68

VS 151-REV. 1/1/68

BIRTH NO.		MILD	ICAL	LAAN	MALKO	LKIIII	CAILO	I DEAT	REG. NO	D	
NAME OF DEC	EASED					2. DATE	Knawn 📑	Manth	Day	Year	Haur
Type or Print)	OSCOE A	TTEN				OF DEATH	Estimated (5	9	68	7:20 p M.
. PLACE IN BAL			HERE PR	ONOUNCE	DEAD	3. DATE		Month	Doy	Yeor	Haur M.
ULL NAME OF	SPITAL ADDRESS OR LOCATION)						UNCED DEAD	May	9	1968	7:20 pm.
OR INSTITUTION						5. USUAL R	ESIDENCE (WI	nere deceosed (ived. If instituti B. COUNTY		efore odmissian)
30	To	hns Ho	nkins	Hopsi	tal		Maryland	2.1	B. COUNT		
SEX	7. RACE	11110_110	To .		ER MARRIED	C. CITY OF			D. INSIDE	ZITY LIMITS?	1 100
Male	Color	ha	WIDOW		DIVORCED -		Balto.			YES KX	NC
DATE OF BIRTH		10. AGE (Ir	years	If Under 1 Ye	r. If Under 24 Hrs.		AND NUMBER		-	123 222	
au.	10177	lost birthda	:	Months Doy	s Hours Min.	006 17	D 1	Q.L			
May !	1920		4	CITIZEN	1	13. FATHER	. Durham	i St.			
1. BIRTHI LACE (S	fore ar toreigi	n country)		12. CITIZEN	OUNTRY?	IS. FATHER	5 NAME	0.11	7		
Suffe	16 1	Ja.				" Wal	ley (elles			
4A.USUAL OCCU	PATION (Give	kind af work	14B. KIND	OF BUSINE	SS OR INDUSTR	15. MOTHE	R'S MAIDEN	NAME /			
one during most of y	VOTRING LITE, EVE	en irrenrea)				I S.	7/17	7,9/2	MAN	1)	
S. WAS DECEAS	ED EVER IN U	J.S. ARMED	FORCES	? 117. 50	CIAL	18. INFOR	MANT	sur!	,,,,,	ADDRESS	
(es, no ar unknown)	(If yes, give w	or or dates	of service)	SE	CURITY NO.	Ol,	1010	1000	1906	n Qui	0.001
North XI	1000					su	VIL.	ullen	1/00/	1 Cult	PROXIMATE INTERVAL
17 96	5 X				CAUSE OF DEA	ТН					EEN ONSET AND DEATH
DISEAS	E OR CONDI	TION DIRE	CTLY								
	LEADING TO				4.NIMMEDIATE (ALICE C	epticimi	9			
	at meon the				(A) IMMEDIATE (AS A CONSEC		La			
	, asthenio, etc. nplicotian whic				552.0,5%						
injury or can	inpliconali wille	ii coosea de l	,,	7.							
1A	NTECEDENT	CAUSES			(8) Per	itoniti	S				
DISEASES	OR CONDITIO	DNS, IF ANY	, GIVING			AS A CONSE					
	E ABOVE CAL		TING THE		- 1		9 9			1	
Z	40 CONDIII	OIN LASI.			(c) Colon	ic fist	ula due	to guns	not wou	ind or	the abdomen
298	IX	II									
OTHER SIGN	IIFICANT CON										
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	ATH BUT NOT CONDITION	GIVEN IN P	ART I (A).	NAL							
20A. DATE OF				FOR WHICH	OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes or No)
5											
	and Caller	****		000 01 4 6 5	OF INTUINA		oc willens o	15 (II : 5 lv	6	no	
UNDERLYING	NAL CAUSE			home, form, f	OF INJURY (e.g., octary, street, affic	e bldg., etc.)	NJURY OCCU	ID (It in Baltim R?	ore City, give	exact lacation)	
UTING CA				?			?		6	0-0	0
≥ 22D. TIME		ay) (Year	r) (Haur) 22E.INJU	RY OCCURRED		22F. HOW DID	INJURY OCC	UR?		
OF INJURY (APPROX.)				WHILE AT		WHILE [
	4	5 68	3 p	m. WORK	L AT V	VORK X	Subject	t shot i	n the	cnest	
23.				7 .	453		1.4	41 . 1	1. 4.		
I cert	ify that I he	eld an I	nquiry L	-		tapsy 📙		n this basis	, death in m	y apinion	
resul	ted from N	atural cau	ses	Accillan	· Sulci	de H	amicide XX	Undeterm	ined manne	r 🛄	
	1			7 11	7		CHIEF MEDICA	AL EXAMINER			
ACTUAL	TA	MILL	MA	T IA	118	ASS	ISTANT MEDIC	AL EYAMINED	x		DATE SIGNED
SIGNAT		-001	00 6	1 0	M.E.).					
EXAMIN						ASSO	CIATE MEDIC	AL EXAMINER			
NAME (1			F. V	Vilson,	M.D.					10, 19	
24A. BURIAL CRE	MATION, 2	4B DATE		24C. NAM	E of CEMETERY	ar CREMATO	DRY 2	4D. LOCATIO	(City, to	wn, ar county	(Stote)
REMOVAL (Speci	TY)	Ma.	111	15	185	1. 0	6.	EC71.	41.1		11/2
MARIA	1	VIlly	16%	1011	110 111	una	em,	1000	new	un (WILL
ZOA. DATE REC'D	BY HEALTH		158. N	AME OF RE	GISTRAM	25C.	FUNERAL DIRE	CIOK	0/1	ADDRESS	c (
	MAY 13	1968	Melo	د کے راب	The state of the s	1/1	USTON	7 4	lulla	41/29	17/11/11.
				3 /	4 2 7	1 1 6		12 60	- a bures	-//-/	11 1 - 1.6.6.1 11.1

	. 1	68- 5010 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 5010
-	500	CERTIFICATE OF DEATH
and	se th	BIRTH NO. 1, NAME OF DECEASED. 2, DATE AND HOUR OF DEATH
- p	S S	(Type or Print) Mary Jacobs Doubles Mary 9, 1968 7:05 A M.
of	= 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE TONOUNCED DEAD 4. USUAL RESIDENCE (Where of coosed lived. If institution: residence before odmission) A. STATE B. COUNTY
Se	(5) D ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
9 0	pu o	INSTITUTION
E B	# Te	Bolton Hell Nursing Home E. STREET AND NUMBER
ed i	D . d .	15 The 1445 E Eager St
ibu	gula gula sed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
ntr	egt ase	+ Colored WIDOWED X DIVORCED Way 4 1910 37
44	n r ece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1/2. BIRTHPY ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ed	bnd i s i ti	Arusewife. Md.
if d	the the	13. FATHER'S NAME
dir.	dis	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
sta	deat deat ce o	(Yes, no or unknown) (If yes, give wor or dofes of service) SECURITY NO
155	7007	CAUSE OF DEATH APPROXIMATE INTERVAL
iis o	and do d	DISEASE OR CONDITION DIRECTLY
Als	0 0 0 m	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE COPEDITION OF AS A CONSCIUENCE OF
70	מים	(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)
nin	D S E	ANTECEDENT CAUSES hypertension one year
Can	S P P P P P P P P P P P P P P P P P P P	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
ê ×	(3) in s	rise to the above couse (A) stating the UNDERLYING CONDITION tost. (c) A.S.C.V.D. & diabetes mellitus several
lica	ns; icia as ain	4437 11
ned	hys n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).
E E	dy Cia	
chi	Book the ysi	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH? 10 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9 6	(5 a 4 o	, OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
, Y	No o	DEATH (notify medical examiner) etc.)
d b	(6) t c	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While
9 4	T D D D D D D D D D D D D D D D D D D D	Work At Work
Ppr +h	(ex)	22. I certify that (I) (this haspital) attended the deceased fram 3-11 100 ta 5-9- 1900, that (I) (we) last saw the deceased alive an 5-8- 1968 and that In(my) (our) apinian death accurred an the date
d o	be be	that (1) (we) last saw the deceased alive an
t b	spit eat ust	23A. SIGNATURE 23B. DATE SIGNED
must	P S S E	Attending Med. Director Director Director Director Director D 5-10-68
0	4 9	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
certificat	1) An at d prio	E. ELLSWORTH COOK M.D. OEGREE 2431 Maryland Ave. Balto Md. 21218
+ + +	€ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
-	ws:	Durial May 14 169 Mr Celvary Com. 119, County Mid
This	shows: (was D.O decease	25A/DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR (ADDRESS
	41 2 2	

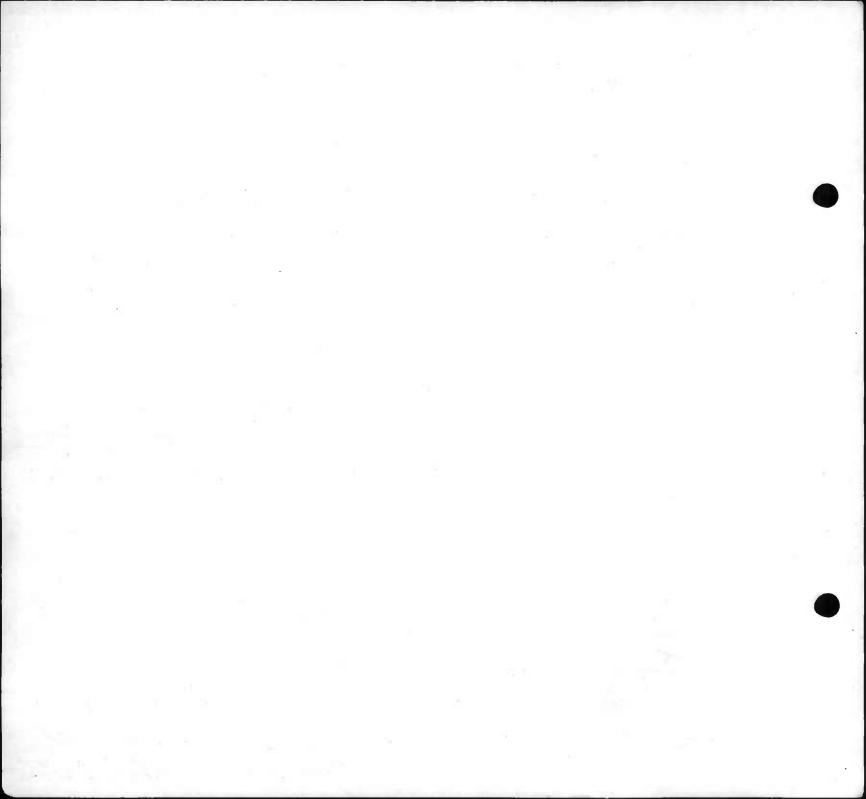


THE BODY OF ERSKIN KILGORE WAS RELEASED BY DOCTOR LIMTHICUM OF THE MEDICAL EXAMIERS OFFICE AS NOW MEDICAL EXAMINED OF THE POLICAL EXAMINED OF THE POLI	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital at the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deashows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su written approval must be obtained before the remains are embalmed or final disposition is made.
MEDICAL EXA	This certificate must be approve the body was released to the h shows: (1) An accident of any no was D.O.A. at a hospital (excep deceased prior to death); and written approval must be obtai

		68- 5			LIN DEPAKIMENT		UC	
BIRTH NO.			CERT	IFICATE	OF DEATH	REG. I	NO	
I, NAME OF	DECEASED				2. DATE	AND HOUR OF	DEATH	
IN 1 -A	KINE EARSK	KIN KII	GORE		C	5-10-68		10.30 P
3. PLACE IN	BALTIMONE MARYLA	ND. WHERE PRO	NOUNCED DEAD		SUAL RESIDENCE	Where deceased liv	ed. If institution	residence before admissio
					TATE B. CO	PALT	MORE C	ITV
FULL NAME	OF (IF NOT IN F	HOSPITAL OR IN	STITUTION, GIVE S	IKEEI		DALI		
NSTITUTION			KINS HOSE		TY OR TOWN BALT IM	10DE	D. INSIDE CITY	
22	INE JUI	1113 HUPI	11113 11031				YES	NO
33				E. 3	TREET AND NUMBE		/_NILLE	
			VV			ARLEY AV		
SEX	6. RACE	7- MARR	NEVER MA	RRIED B. D.	TE OF BIRTH	9. AGE (In year	Month	der 1 Yr. If Under 24 H
MALE	NEGRO	WIDOV		KCED	-11-11			
	CCUPATION (Give kind st of working life, even, if r		OF BUSINESS OR	INDUSTRY 11. B	IRTHPLACE (State or	foreign country)	12. C	ITIZEN OF WHAT COUNT
/Y.	-1, -	. Ix lise the	0~		80			
3. FATHER'S	NAME	, 4000		14. /	AOTHER'S MAIDEN	NAME.		
411.1	1. 1	00			1.11	me	24	0.
Will	ie pu	goes			Urice	/// /	ruxu	eco
5. Was Dece Yes _e no or unkn	osed Ever in U.S. Arm	of dotes of servi	1 6. SOCIAL SECURITY		IFORMANT -	, 5.4	1-1	ADDRESS
no -			547-0	1-3249	- LIMI	Max	Kelan	40.
1B. 2.4 6	21.57		CAUSE	OF DEATH	Hami		11	APPROXIMATE INTERVA
1 1	SEASE OR CONDITIO	N DIRECTLY					0	BETWEEN ONSET AND DE
Di:	LEADING TO D				1 6	route or		404 row or
(This doe	es not mean the mo	de of dying,		TO, OR AS A CON	ISECHENCE AS	COP'ME OF	wingson	UN 17100 07
heort fail	ure, asthenia, etc. 11	meons the dise		10, 04 43 4 601	ISEQUENCE OI.			
injury of	complication which o			11.				
	ANTECEDENT CA	AUSES	(8)	HCO	D			
	S OR CONDITIONS		9	TO, OR AS A CO	NSEQUENCE OF:			
	the above cause YING CONDITION to		(C)					
46	1 × 11							
Z OTHER SIG	SNIFICANT CONDITION	NS CONTRIBUTII	NG A	1.				
	DEATH BUT NOT RELATE OR CONDITION GIVEN		AL NO	anc al	eriography			
U 19A. DATI	OF OPERATION 198	B. CONDITION F	OR WHICH OPERA	TION 2	A. AUTOPSY? (Yes o	No) 20B. IF YES,	WERE FINDING	GS CONSIDERED F DEATH?
19A. DATI	W	AS PERFORMED			No	IN CERIIFTI	NG CAUSES O	F DEATH?
	IDENT WAS UNDERLY	YING			bout 21C. WHERE DI		Baltimore City,	give exact location)
	TRIBUTING CAUSE Contify medical examiner		home, form, factor	y, street, office to	dg., INJURY OCCUI	R?		
2			215 INTHIAN OCC	Linnen	DIE HOW DID	INJURY OCCUR?		
OF INJUR		(Yeor) (Hour)	21E. INJURY OCC		21F. HOW DID	INJURY OCCUR!		
(APPROX.)			While At	Not While At Work				
22. L cer	tify that (1) this ha	spital) attend	ed the deceased	from 57	10	1947 ta	510	1968
					10 62			eath accurred an the d
200							or, aprillari a	edili decorred dil ille i
	and fram the cause	es stated abav	e. (1) (We) (did)	(d)id nat) view	he bady after dea	ith.		
23A. SIGN	ATURE	00					23 B. D	ATE SIGNED
	allen K	Cara	-	Attending Phys.	Med. Director	Staff Phys.		5/10
23C.PHYS		70010		DEGREE	DDRESS	1		
NAN	AE (Type)	1			TO	11		
0.44 B(:::42:	Mun P.	KAISE	R	DEGREE	d let	H	10'	
	COPPAGATION TO TO	ATT						
/ / /	CREMATION, 248. DA	ATE / 24	C. NAME of CEME	TERT OF CREMAT	JK1 24	D. LOCATION	A. A	n, or county) (State:
190 N		· · · led	C. NAME OF CEME	TERT OF CREMAT	JK1 24	Theen	Mill	or county) (State)
25A. DATE RI	none M	14/6/68	ME OF REGISTRAR)	FUNERAL DIREC	Freen	shill	ADDRESS
25A. DATE RI	none M	14/6/68		D D		Freen	ellell	ADDRESS DOYN Carlo
25A. DATE RI	AL (Specify) MANUEL MA	14/6/68		DENT OF CREMAT		Freen	estill	ADDRESS 2971, Carlin

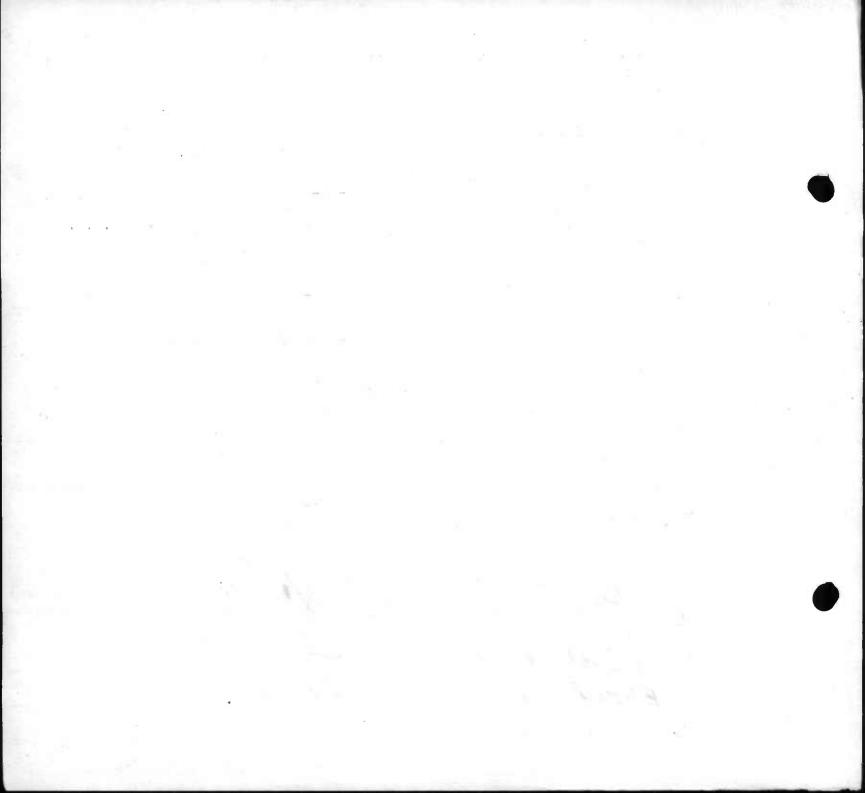
and one owner 4000 fre wherehop Alba & KAWER

BALTIMORE CITY HEALTH DEPARTMENT	5012
BIRTH NO. 68- 5012 CERTIFICATE OF DEATH REG. NO.	0
1, NAME OF DECEASED 2. DATE AND HOUR OF D	EATH
(Type or Print) (Islekeon) Mille May 11	1968 M
3. PLACE IN BALTIMORE MARTIAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where declared live	d. If institution; residence before admission)
FULL NAME OF /IF NOTIN HOSPITAL OR INSTITUTION, GIVE STREET	
HOSPITAL OR ADDRESS OR LOCATION) C.CITY OR TOWN	. INSIDE CITY LIMITS?
ESTREET AND NUMBER	ES NO
00 1916 M. Wolfer SN.	C+
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year)	s II Under 1 Yr If Under 24 Hrs.
Mile Col. WIDOWED DIVORCED 6 Lang 16 1885 birthdoy	Months Doys Hours Min.
104. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY W BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Retired Relimand O	6
13. FATHER'S NAME 14. UNOTHER'S MAIDEN NAME	ι,
4, 4	
15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	9167, Wrife St
118. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A) IMMEDIATE CAUSE Crebral Thromb	osis I month
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	1010
ANTECEDENT CAUSES (BG-eneralized Atverso Scle	osis syears-
DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS A CONSEQUENCE OF:	Dail / lakes H.
UNDERLYING CONDITION last. (c) Carcing ma of the	Mostate Concernitus
z 332 X II	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL CANCINGMAN TO THE	USTALO OMOUTH
	WERE FINDINGS CONSIDERED
	G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	oltimore City, give exact lacotion)
DEATH (notify medical examiner) etc.)	
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not White	
(APPROX.) While At Work At Work	
22. I certify that (I) (this haspital) attended the deceased from 6-16 153 to	5-1(- 1968
that (I) (ye) last sow the deceased alive on 5-1968 and that in (my) (each	opinion death accurred on the date
and haur ond from the causes stated obave. (1) (We) (did) (did nat) view the body after deoth.	
23A. SIGNATURE Attending Attending Attending Black Black	23B, DATE SIGNED
DEGREE PHYS. DIRECTOR PHYS.	5-15-68
23C. PHYSICIAN'S NAME/Typer 23D. ADDRESS	Fed por 1 ct
240 RUBIAL CREMATION DATE 1945 NAME (CENTREN)	100 tha 31
24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial May 15/68 Mr. Carray Com U. C.	surly Md.
25A, DATE REC'D BY HEALTH DEPT 25B, NAME OF REGISTRAR 256 FUNERAL DIRECTOR	ADDRESS P.
EIN A TOUR GLOCKE - MINE OF THE PARTY OF THE PERTY OF THE	en 1927 11 Carluis



Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. 68-5	013 CERTIFICA	TE OF DEATH	REG. NO.	00- 0013
1, NAME OF DECEASED (Type or Print) Albert A	DOSON (C	rosson DATE	AND HOUR OF DEATH	18 220
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		Maryland c. CITY OR TOWN	D. INS	SIDE CITY LUMITS?
39 Provident H	osfital	Baltimore E. STREET AND NUMBER 3425 Edmond		NO D
5. SEX 6. RACE 7. MARR	IED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeers	If Under 1 Yr. , If Under 24 Hrs.
remale Negro WIDOV	VED DIVORCED	9-17-08	lest birthdoy) 59	Months Deys Hours Min.
done during mest of working life, eyen it retired)	OF BUSINESS OR INDUSTRY	Georgia	ereign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	. 11	14. MOTHER'S MAIDEN N	AME	
71. B. W Ken	thit	Un	Known	
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no er unknewn) (If yes, give wer er detes ef series)	SECURITY NO.	Macy - Husb	and	ADDRESS
119	CAUSE OF DEATI		anu	SAME APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI	n		BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		acreos	is I days
heart lailure, asthenia, etc. It means the diser		A CONSEQUENCE OF:		
ANTECEDENT CAUSES	AC	to a hon	ble CVI	7 4 days
DISEASES OR CONDITIONS, il any, giv	9	A CONSEQUENCE OF:	.//	The state of the s
rise to the above cause (A) stoling UNDERLYING CONDITION last.	(C)			
z 260× 11	10			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I (A).			•••••	
	OR WHICH OPERATION		Ne) 208. IF YES, WERE	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., ii	NO	(If in Baltime	re City, give exect locetian)
OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminer)	heme, ferm, fectery, street, ef	ffice bldg., INJURY OCCUR?		
21 D. TIME (Month) (Doy) (Yeer) (Heur)	21E. INJURY OCCURRED White At Net While	21 F. HOW DID II	NJURY OCCUR?	
(APPROX.)	Werk At Werk		10	1/5/15
22. I certify that (I) (this haspital) attended	4	19 6 and	19 60 ta	19 68 ,
and haur and from the causes stated above	6 f			inion death occurred an the date
23A. SIGNATURE		Tow the budy until death		23B, DATE SIGNED
Elijah Jain	Atte	mding Med. Director	Staff Phys.	5/6/68
23C. PHYSICIAN'S NAME (Type)	NO FRS. M.D.	344 Du	wall as	u. Callo mony
24A. BURIAL CREMATION, 24B. DATE 246. REMOVAL (Specify)	DEGREE	Mater 1 24D.	LOCATION (C	city, tewn, er ceunty) (Stofe)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	1250 JUNEAL DIRECTO	OB) I PORTO	ADDRESS MAD AND



68- 5014 CERTIFICATE OF DEATH

68- 5014

BIRTH NO. I. NAME OF DEC			14 CERTIFICA	IL OI D	2. DATE ANI	HOUR OF DEAT	Н	
		loward Le			5-4-6			6:20 A A
3. PLACE IN BA	LTIMORE, MARYLA	ND, WHERE PRO	NOUNCED DEAD	A. STATE	B. COUNT	Υ		esidence before odmission
FULL NAME OF	(IF NOT IN I	HOSPITAL OR IN	MARYLA		IMORE CIT			
INSTITUTION V	ETERANS AD	MINISTRA'	TION HOSPITAL	C. CITY OR TOV		D. IN	ISIDE CITY L	
	900 LOCH R			E. STREET AND			YES X	NO
B	ALTIMORE,	MARYLAND	21218			STREET		
5. SEX	6. RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIR	TH 9	. AGE (In years	If Under	Pr 1 Yr. It Under 24 Hrs. Doys Hours Min.
MALE	NEGROID		VED SE DIVORCED	8-5-03		64	14(0111113	Doy's Hours Ivan.
	UPATION (Give kind working lile, even if		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CIT	ZEN OF WHAT COUNTRY
CLERK	working me, even if		D STORE	HEBRON	MARYLA	ND	U.	S. A.
3. FATHER'S NA	ME	100	D DIO(III	14. MOTHER'S				
CHARLES	ENNIS			MARY AL	NNA MOOF	15		
5. Wos Deceose	d Ever in U. S. Am n) (If yes, give wor	ned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	V A HOS	PITAL RECO	ORDS	ADDRESS
YES		TO 9-21-						RE, MD 21218
DISEASES iise Io If UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR OTHER 1994. DATE OF	IFICANT CONDITION ATH BUT NOT RELATE CONDITION GIVEN OF OPERATION 19	ode of dying, means the dise coused deoth.) AUSES S, if any, give (A) stating ost. NS CONTRIBUTITED TO THE TERMIN IN PART 1 (A). B. CONDITION FAS PERFORMED YING OF	e.g., OSE, DUE TO, OR AS over, ose, Pulm The object to, OR AS the object to, OR AS over the object to the object	SE UNKNOWN A CONSEQUENCE CONSEQUENCE A CONSEQUENCE COSCLETOTE 20A. AUTOP: Yes	ve c heart sy? (Yes or No)	20B. IF YES, WER IN CERTIFYING C	E FINDINGS AUSES OF	Since 1965 CONSIDERED DEATH?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy)	(Yeor) (Hour)	21E, INJURY OCCURRED While At Not While Work Not Work		JENI DID WO	JRY OCCUR?		
	y that (this ha		ed the deceased fram3	MAX 19 68		COURSE LAND AND ADDRESS OF THE PERSON.	MAY pinian dec	19 68 oth occurred on the da
and hour or	URE	es stated abov	e. (1) (We) (did) (1) (did) (1) (We) (did)	nding	ofter death.	Staff Phys.	23 B. DA	TE SIGNED
NAME (David N.	Marine.	MD	_		I RAVEN BL		
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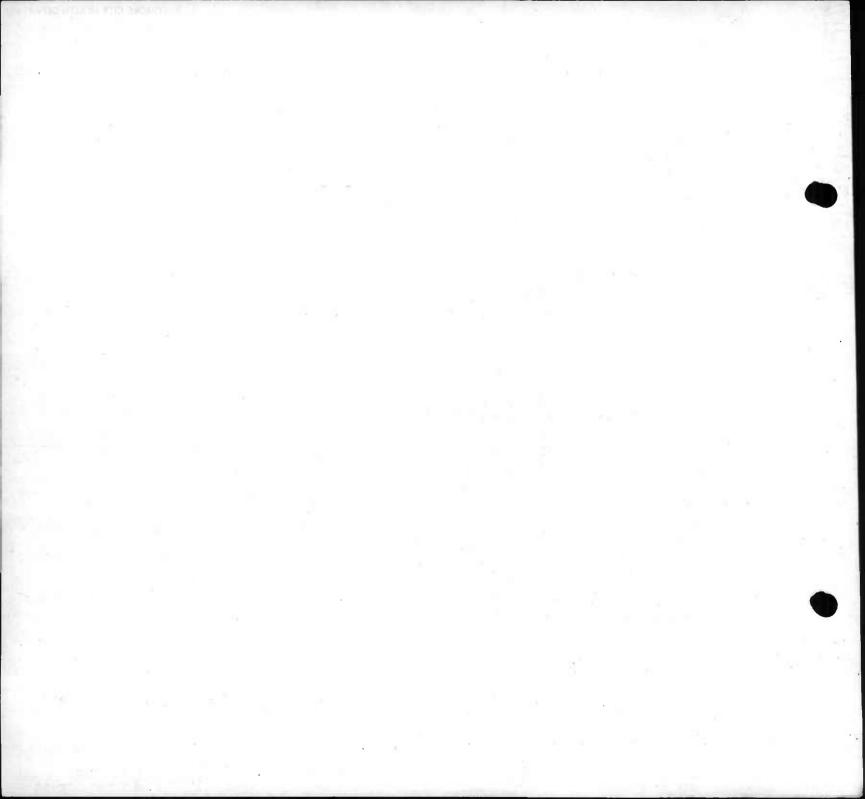
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 68- 5015 68- 5015 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED Malcom 2. DATE AND HOUR OF DEATH (Type or Print) Malcolm C. Fisher 1:30 May 10 1968 1:30 P. M.

4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland DANSIDE CITY LIMITS? Baltimore 1800 Mosher Street E. STREET AND NUMBER Baltimore, Maryland 9. AGE (In years Mosher 7-15-191 If Under 24 Hrs. 6. RACE If Under 1 Yr. 7. MARRIED NEVER MARRIED Months Doys las birthday Hours WIDOWED DIVORCED Colored WIDOWED DIVOKCED 110 NO Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cook USA South Carolina
14. MOTHER'S MAIDEN NAME Durent ADDRESS 6. SOCIAL 7. INFORMAN SECURITY NO. 1800 Mosher Street 05-0396 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

HOSPITAL OR IGA, USUAL OCCUPATION (Give done during most of working life, even if retired) LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenio, etc. Il meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, the obove cause (A) stoling the UNDERLYING CONDITION lost 0, 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Nat While (APPROX.) Work At Wark 22. I certify that (1) (this hespital) ottended the deceased 6 that (1) (we) last sow the deceased alive on ond hour and from the couses stated obove. (1) (We) (did) (dld not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending 2 Med. Staff Phys. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

5. SEX 13. FATHER'S NAMEDI Ison Fisher
15. Was Deceased Ever in U. S. Armed Farces?
(Yes, na ar unknawn) (If yes, give war ar dates of service) and that in (my) (our) opinion deoth occurred on the date DEGREE 3. 24A. BURIAL CREMATION, CEMETERY OF CREMATORY REMOVAL (Specify) Arbutus Nem Pk 1881 ADDRESS 25A. DATE REC'D BY HEALTH DEPT. Arlington S. Phillips Funer al Home VS 150-REV. 1/1/68 1727 N. Monroe Street



death. attendance 0 use; prior contributing etermined made regular deceased death 10 pu SD) 4 eath 0 kind; attendance any pronounced 0 med ō fracture Uar Who 0 re ō (3) hysicia MOS hysician ā 0 where °Z hospital nature; by 9 approved except and to the any o eath) hospital accident O 10 0 at

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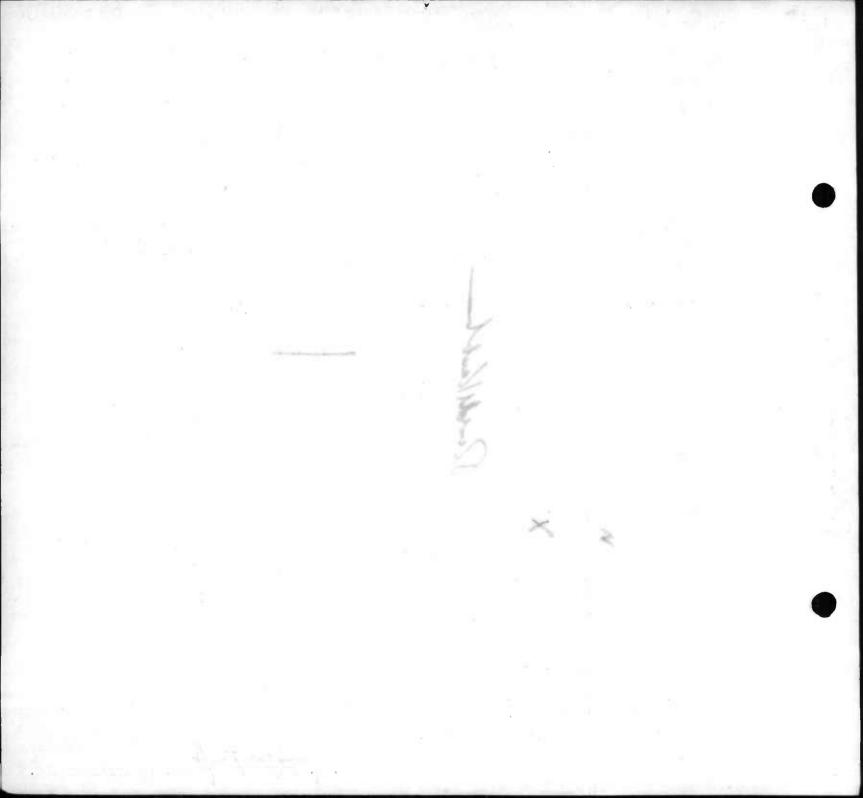
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BALTIMORE CITY HEALTH DEPARTMENT 68- 5016 REG. NO. CERTIFICATE OF DEATH Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Ernest John (Type or Print) -4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD before admission) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET **FULL NAME OF** HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN INSIDE CITY LIMITS? NO E. STREET AND NUMBER 40 1 /es 5. SEX 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. MARRIED NEVER MARRIED Months Doys Hours lost birthdoy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) av mpi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augustave Goehringer Christiana Giessman G, ō 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor ar dates of service) 17. INFORMANT ADDRESS SOCIAL final SECURITY NO. 18-24-6073 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF embal injury or complication which coused death.) ANTECEDENT CAUSES 10 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving slaling lo lhe above cause (A) live UNDERLYING CONDITION last. remains П 716.0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the CERTIFIC/ 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? vehivense (olorgy) before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location etc.) one MEDI ained 21D. TIME (Doy) (Year) (Month) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work obt 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on 9 and that in (my) (our) oplnion death occurred on the date pe ond hour and from the couses stored obove. (1) (We) (did) (did not) view the body ofter deoth. must 238. DATE SIGNED 23A SIGNATURE Attending [Med. Staff Phys. Director L Phy: 6 ASC. PHYSICIAN'S 23D. ADDRESS prior approv BFFORET TEV 24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) eceased REMOVAL (Specify) Burial May 12,1968 Junior Order Cemetery Preston, Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. Framptom and Son, Federalsburg, Md. VS 150-REV. 1/1/6B



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH of death Deceased the Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) STANISLAUS 5 MIAROW SKI May 11, 1968 9:05 p.m. M.

4. USUAL RESIDENCE (Whose deceased lived, If institution residence before admission) E O hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE B. COUNTY (5) Maryland cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN INSIDE CITY LIMITS? canse; attend 0 Baltimore YES V NO Church Home prior E. STREET AND NUMBER contributing & Bank St-0 regular etermine is mad . AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. Manths: Days If Under 24 Hrs. MARRIED NEVER MARRIED eceased ast birthday Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? disposition VALCANIZING CO dane during most of working life, even if retired) U.S.A Polanel 3600000 NATIONAL (4) Un MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the UNKNOWN eath 00 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL final (Yes, na or unknown) (If yes, give war ar dates of service) SECURITY NO. 1808 BANK ce ETHEL GAWRONSK BALTO MD. 2123 attendan any CAUSE OF DEATH APPROXIMATE INTERVAL OL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF pa heart failure, asthenia, etc. It means the disease, 20 injury or complication which caused death.) 5 E ANTECEDENT CAUSES w ho 5 9 are DISEASES OR CONDITIONS, if any, the above cause (A) 3 stating the UNDERLYING CONDITION last. remains physicia Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes at No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 0 before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) hospital å DEATH (notify medical exominer) etc.) MEDIC obtained 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED 9 Nat While OF INJURY (except While At (APPROX.) At Wark Wark and to the any 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last sow the deceased alive an and that in(my) (our) opinian death accurred an the date of death) hospital and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Shaff 0 Director approval 0 23D. ADDRESS 23 C. PHYSICIAN'S prior NAME (Type) at NEWITA 4 24A, BURIAL CREMATION. eceased the body o REMOVAL (Specify) written Ö 2SA. DATE REC'D BY HEALTH DEPT. X QS ō VS 150-REV. 1/1/68

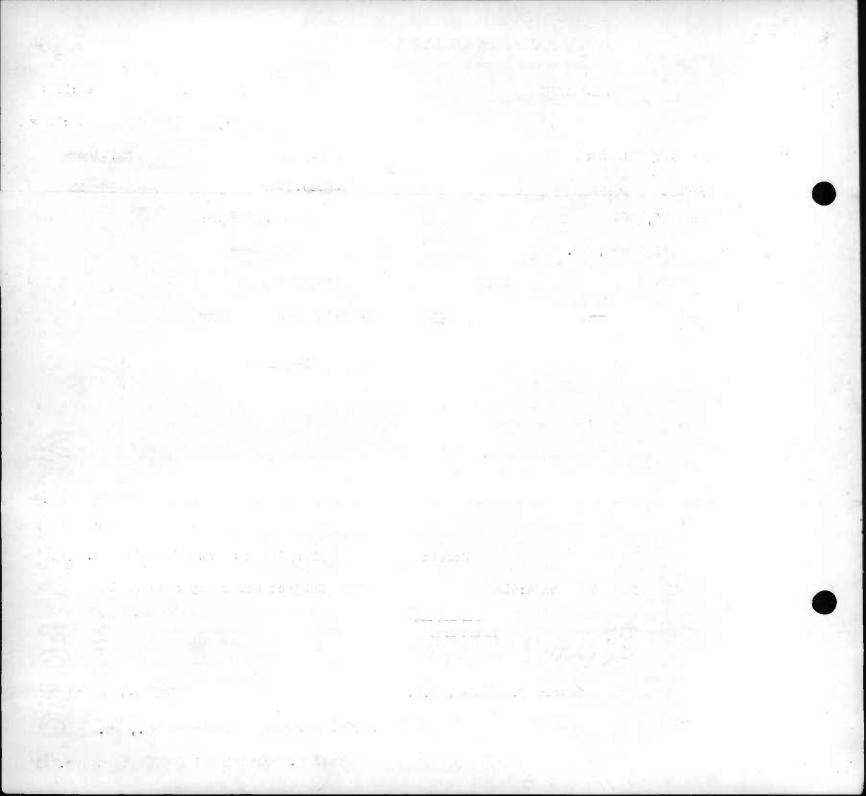
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MENTAL T. SUMBER N.D. CHO. T. MILLIAM

68- 5018 BALTIMORE CITY HE	EALTH DEPARTMENT							
BIRTH NO. 64-17144 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	68- 5018						
1. NAME OF DECEASED	2. DATE Known XX Month Doy	Year Haur						
(Type or Print) SHELVIN ROWE	OF DEATH Estimated 5 10	68 10:25 a _M						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Haur						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 10	1968 10:25 a.						
OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	Baltimore						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 3	Maryland C. CITY OR TOWN D. INSIDE CITY							
		No kok						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	I NO LAK						
June 26,1964 lost birthday) Manths, Days Haurs Min.	804 Bengies Road	53-00						
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME							
Baltimore, Md. WHAT COUNTRY?	Shelvin Rowe							
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME							
done during mast of working life, even if retired) NONE NONE	Shirley May							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DRESS						
(Yes, no or unknown) (If yes, give wor ar dotes of service) No None	Shelvin Rowe Same							
19. CAUSE OF DEA		APPROXIMATE INTERVAL						
E814.1	k - L	BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE INjuries							
(A)IMMEDIATE	AS A CONSEQUENCE OF:							
injury ar complication which coused death.)								
ANTECEDENT CAUSES (B)								
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								
E 812.4 II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		Here and the second						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)						
		No						
	, in or obout 22C. WHERE DID (If in Baltimore City, give exact ce bldg., etc.) INJURY OCCUR?	lacation)						
Q UTING □ CAUSE OF DEATH. Street	Bengies Road and Piney	riew Pl.						
DE INLURY (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?							
(APPROX)	WORK KX Subject struck by auton	nobile						
23.								
I certify that I held an Inquiry Inspection XX A								
resulted from: Notural couses Addident Suici	de Hamicide Undetermined manner							
ACTUAL STATUS A FINAL -	CHIEF MEDICAL EXAMINER DATE SIGNED							
SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XX								
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	10 1069						
NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		10, 1968 or caunty) (State)						
REMOVAL (Specify)		(5.5.4)						
	emorial Gardens Baltimore Co	Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	UKE22						
MAY 1 4 1968 P. C. B & Falleria	James E. Bruzdzinski 1407E	astern Ave. 21						
VS 151-REV. 1/1/68		L						



FUNERAL DIRECTOR: IMPORTANT

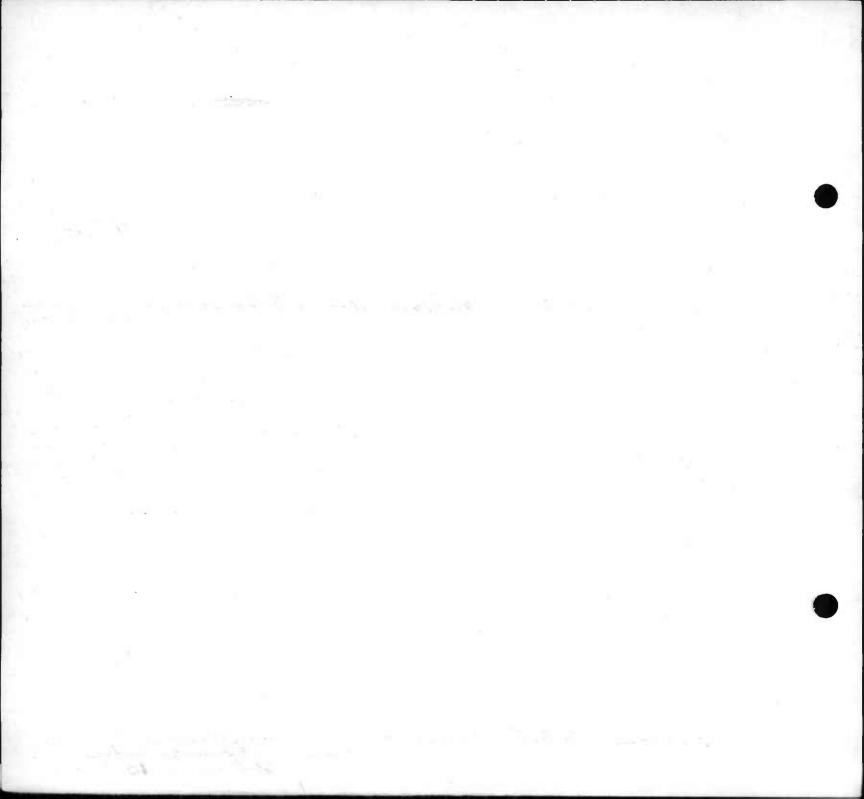
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained hefore the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		68- 5	019 CEPTIFICA	TE OF DEATH	REG. NO.	68- 5019
		H NO. AME OF DECEASED	CERTIFICA		HOUR OF DEATH	
	(Тур	e or Printi MARIE ALVERTA	THRNER	MAY	2 1918	16 40 A W
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO			deceosed lived. If insti	itution: residence before odmission)
	FUL	L NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	MARYLAND		m ne
	HO	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	Palace	CONLIMITS?
		2203 Christian	St	BALTIMO E. STREET AND NUMBER	ORE	YES P NO NO
	1	2203 CHRISTIAN	07.	A /	PISTIAN	34
3	5. S	EX 6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9.		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	F	EMALE White WIDOW	= =	SULV5 1908"	st birthdoy)	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12, CITIZEN OF WHAT COUNTRY?
2	40110	Housewife D	omestic	MARYLAN	Jd.	U.S.A.
5	13. [ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
2		ROBERT. GOET	-Te	DAISY	Tischn	VEL
3	15. V (Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		NO NONE	NONE	WALTER M. TUR.	NER 220.	3 Christian St.
5		1B. 4 / L. 4 I	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		a Charlin	anest	- Judden
		(This does not meon the mode of dying, when the follure, osthenio, etc. It meons the disections are the disections and the disections are the disections and the disections are the disections and the disections are the disection are the disection are the disections are the disection are the din	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	00 0 0 0	
<u> </u>		injury or complication which coused death.)	^()	0	10.00-1	. 5.0
5		ANTECEDENT CAUSES	(B)(B).	ance alread of	fillelle	- ins
5		DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoting		A CONSEQUENCE OF:	CUD	9. 2
2		UNDERLYING CONDITION lost.	(c) Chru	inclina		- 700
E	Z	4331 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG.			
5	Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
The	CERTIFIC	19 A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSMP (Yes or No)	20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
or e	CERT	2TA. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
Jer	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(**	
0	DIC		21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	8	OF INJURY (APPROX.)	While At Not While Work At Work	• 🗆		
010		22. I certify that (1) (this haspital) attende	ed the deceased fram	Fet 10 19	66 to	May 13 19 68.
0		that (I) (we) last saw the deceased alive (n //2	19 6 8 and that	in(my) (aur) apini	an death accurred an the date
7		and have and from the causes stated above	e.(1)(We) (did) (did nat) v	iew the bady after death.		
2		23A/SIGN OF URE	1/2	nding Med. S	shaff	23,B. DATE SIGNED
5		States of pen	DEGREE Phys	Director L P	hys.	2/13/68
0		230 PHYSICIAN'S NAME (Type)	· Vac	23D. ADDRESS	+ Davis	21227
ddb	24A	BURIAL CREMATION, 24B, DATE 1240	C. NAME of CEMETERY OF CRE	MATORY 240. LO	CATION (City,	, town, or county) (State)
0		REMOVAL (Specify)	/ 1			
TI	25A	BURIAL 5-16-68 DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR		-LIIMORE	HOMEDDIESS
\$		14AV 1 4 1968 A 0'	S. E. Farley MA	25C FUNERAL DIRECTOR	miller 2 101	FREDERICK AUE
- 1	VS 1	150-REV. 1/7/68				

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		58-5	02(BALTIMORE CITY			200	68	5020
	BIRT	H NO.		CERTIFICA	TE OF	DEATH	REG. NO	00	
		AME OF DECEASED		2			ND HOUR OF DEATH	1.34	120
		Ichnee berger,	_	Knest.) '	5-12			2 a. M.
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUN	CED DEAD	4. USUAL A. STATE	RESIDENCE (Whe	ere deceased lived. If in	stitution: resid	ence before admission)
Ш	FIII	L NAME OF (IF NOT IN HOSPITAL OR IN	STITLITIC	ON GIVE STREET	md.	Cons	HN	VE AA	"und=L
- 11	HO:	SPITAL OR ADDRESS OR LOCATION)	31110111	OIV, OIVE STREET	C. CITY OR			DE CITY LIMIT	
-		A .	T 11	,	Ba	110.		YES	NO A
	4	Bow SECOURS HOSPI	AL	-	-	AND NUMBER	1		
					309	n. Han	2 borond	Ferre	Rd.
	S. SI	EX 6. RACE 7. MARR	ED 📉	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Months: Da	r. If Under 24 Hrs.
		M WIDOW	VED 🗌	DIVORCED	11-16	-13	C4	THO INTO	7.
		USUAL OCCUPATION (Give kind of work 10 B. KINE	OF BL	JSINESS OR INDUSTRY	11. BIRTHPL	-ACE (State or fore	eign country)	12. CITIZEN	OF WHAT COUNTRY?
119	. 1	during most of working life, even il refired)	+ 61	leed Kic	m	1.		11	CA
-	0	ATHER'S NAME	7 0	-	14. MOTHE	R'S MAIDEN NA	MF	1 4.	5//
		/					10		
	TK	iack Ichneeberger				ganet	Hass.		
	S. V Yes,	Vas Deceosed Ever in U.S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of servi	ce) 1 6	SECURITY NO.	17. INFORM		(DDRESS
		NO NONE	-	212-07-2546	ANN	= V. Scl	INGEBERGE	EC 309.	N. famounts
	T	18.44109		CAUSE OF DEATH	1			H.S. C.	PPROXIMATE HE WAL
		DISEASE OR CONDITION DIRECTLY					1 1 . 0	.1 :	WEEN CHIEF AND DEATH
		LEADING TO DEATH		(A) IMMEDIATE CAU	SE Acu	te myoca	erdial infan	ctcou	24 hours
		(This does not mean the mode of dying, heart failure, asthenia, etc. II means the dise		DUE TO, OR AS	CONSEQU	ENCE OF:	1 /10	. BO 41	
Ш		injury or complication which coused death.)		Kef	i vesu	vurce, an	terior wall to	They	
		ANTECEDENT CAUSES		(B) Throm	bosis	· left co	ronary arte	ru.	11 11
		DISEASES OR CONDITIONS, if any, give	_	DUE TO, OR AS	A CONSEQ	UENCE OF:	^	1	
		tise to the above cause (A) stating UNDERLYING CONDITION last.	the	10 arteris	orcler	otic Hen	it Diseas		years
	-	·/ 5 · · · · · · · · · · · · · · · · · ·		(0)			720.00.00.00.00.00.00.00.00.00.00.00.00.0		
	N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG						
	ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).							
		19A. DATE OF OPERATION 19B. CONDITION F	OR WH	ICH OPERATION	20 A. AU	ITOPSY? (Yes or N	O) 20B. IF YES, WERE	FINDINGS CO	NSIDERED
	ERTI	20				yes	4	jes	
	0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B, PL.	ACE OF INJURY (e.g., ir form, factory, street, of	fice bldg., 11	C'WHERE DID	(If In Boltimor	e City, give en	xoct location)
	CAL	DEATH (notify medical examiner)	etc.)						
	0	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. IN	IJURY OCCURRED	21	F. HOW DID IN.	JURY OCCUR?		
	٤	OF INJURY (APPROX.)	While Work	At Not While					
	-	22. I certify that 🕅 (this hospital) attende			197		1968 to 5	112	19 6 9.
					10	68			
		that () (we) lost saw the deceased alive						nion death o	occurred on the date
	- L	and haur and from the causes stated above	e. (219) (We) (did) (did=not) v	iew the bo	dy after death.			100150
		23A. SIGNATURE	1.	M.D. Atte	nding 🗀	Med 🗆	Short Hole	23B, DATE S	2/68
		Mehdi Barkara 23C. PHYSICIAN'S NAME (Type) Meladi Barkara		DEGREE Phys	🗀	Director L	Staff Phys.	1	-/04
		23C. PHYSICIAN'S NAME (Type)	4 ~	2	3D. ADDRE	Secon	is Hosh	Cont.	
		Mehel Sarkara	.0.	DEGREE	1200	Secon	10 -	Clos	
	24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAM	E of CEMETERY or CRE	MATORY	24D. I	LOCATION (C	ty, lown, or c	ounty) (Stote)
	T	BUPIAL 575-68	0	Edro H.	61	A	n Ethorolds	107	M
	25A	. DATE REC'D BY HEALTH DEPT. 258. NAM		REGISTRAR	25C-FU	NERAL DIRECTO	Mances 1	mille	ADDRESS
		MAY 1 4 1968 (P.D.	B &	Jan Ben MA	Sa	Giva a	Etusanol 4. 4=	24017	res a
1	10 1	160 BEV 1/1/4B			100		1 4000461046	1	



	CHARLES	M. DIE	FENDERFFER		TE AND HOUR OF DEA	8 1 1 19,
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived.	f institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUT	TION, GIVE STREET	MARYLAN C. CITY OR TOWN	D BALTI	MORE NSIDE CITY LIMITS?
23 TH	E JOHNS HO	PKINS H	OSP ITAL	BALTIMO	RE /	YES 🗍 💮 💢
				519 PAR		21204
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hr Months Doys Hours Min.
MALE	WHITE	WIDOWERX	_	12-23-86	lost birthdoy)	Months Doys Hours Min.
	JPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNT
Retir		Real	Estate	Baltimore	, Md.	U.S.
13. FATHER'S NA				14. MOTHER'S MAIDE	NAME	
Charle	s R. Diffen	derffer		Anna Ma	atthews	
15. Wos Deceased (Yes, no or unknown)	Ever in U. S. Armed For	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	no		217-05-3072	Guy T. Wart	field, 10 So	uth St. 21202
18.	5+0 I		CAUSE OF DEAT	TH .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEAS	E OR CONDITION DI	RECTLY	59		A	: 2-48/
(This does r	LEADING TO DEATH	dvina e a	(A) IMMEDIATE CAL		are sops	2 10 m
heort failure,	asthenio, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	0	
injury or camplication which caused death.)			20.	1) 1/ +	3:11:0	
	ANTECEDENT CAUSES		(8)	A CONSEQUENCE OF	holangeli	1 27-48/2
rise to the	OR CONDITIONS, if abave couse (A) CONDITION last.		(c) Belia	y detru	thon	3-5 days
4 5 6 7	Y 11		(0)			
1.3 76				V 5		
O OTHER SIGNIF	ICANT CONDITIONS CO		Citor	- C-A	0	10 b
TO THE DEAT	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	THE TERMINAL RT 1 (A).	arter	esclente .	anlunas	ilandisase
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	HE TERMINAL RT 1 (A). IDITION FOR WI FORMED	Listery	20 A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE OR CONTRIBU	H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON	THE TERMINAL RT 1 (A). IDITION FOR WI FORMED 1218. P	PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
IO THE DEAT DISEASE OR CO 19 A. DATE OF OR CONTRIBL DEATH (notify) O 21 D. TIME	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 1985. CON WAS PER NT WAS UNDERLYING TING CAUSE OF	HE TERMINAL RT 1 (A). HOTTON FOR WI FORMED 218. P home, etc.)	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE I	IN CERTIFYING	CAUSES OF DEATH?
DISEASE OR COTOR	H BUT NOT RELATED TO TO A CONDITION GIVEN IN PART OPERATION 198. CON WAS PER OT WAS UNDERLYING TING CAUSE OF medicol exominer)	HE TERMINAL RI (A). 10 I (A). 10 I (A). 218. P home, etc.) (Hour) 21E, I While	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21°C. WHERE Inflice bldg., INJURY OCC	IN CERTIFYING DID (If In Bolti	CAUSES OF DEATH?
TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medicol exominer (Month) (Doy) (Yeor)	HE TERMIN AL RT 1 (A). JOINON FOR W FORMED 218. P home, etc.) (Hour) 218. I While Work	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21.C. WHERE Inflice bldg., INJURY OCC	IN CERTIFYING DID JR? (If In Bolti	CAUSES OF DEATH?
TO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22, I certify	H BUT NOT RELATED TO TO NOTITION GIVEN IN PARTICIPATION 1988. CON WAS PER NT WAS UNDERLYTING DITING CAUSE OF medicol exominer (Month) (Doy) (Year)	HE TERMINAL RT 1 (A). JOHNON FOR W FORMED 218. P home, etc.) (Hour) 21E. I While Work	PLACE OF INJURY (e.g., of lorm, foctory, street, of lorm, foctory, street, of lord lord lord lord lord lord lord lord	in or obout 21.C. WHERE Infifice bldg., INJURY OCC	IN CERTIFYING DID (If In Bolti JR? D INJURY OCCUR?	more City, give exoct locotion)
IO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRISU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 1988. CON WAS PER NT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this haspital lost saw the decease	HE TERMINAL RT 1 (A). IDITION FOR W FORMED 218. P home, etc.) (Hour) 218. I While Work	NULTY OCCURRED At Not Whith the deceased from	in or obout 21C. WHERE I Inffice bldgs, INJURY OCCI	DID (If in Bolti	more City, give exoct locotion)
TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBUT OF INJURY (APPROX.) 22, I certify that (I) (we) and hour and	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 1988. CON WAS PER NT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this hospital to the decease of from the causes started by the couses started by the couse star	HE TERMINAL RT 1 (A). IDITION FOR W FORMED 218. P home, etc.) (Hour) 218. I While Work	NULTY OCCURRED At Not Whith the deceased from	in or obout 21.C. WHERE Infifice bldg., INJURY OCC	DID (If in Bolti	more City, give exoct location) 19 6 opinion death accurred on the de
IO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRISU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 1988. CON WAS PER NT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this hospital to the decease of from the causes started by the couses started by the couse star	HE TERMINAL RT 1 (A). IDITION FOR W FORMED 218. P home, etc.) (Hour) 218. I While Work	PLACE OF INJURY (e.g., form, foctory, street, or injury OCCURRED At Not White At Work a deceosed from	in or obout 21.C. WHERE Infifice bldg., INJURY OCCI	IN CERTIFYING DID (If In Bolti DINJURY OCCUR? 19 to nd that in (my) (aur) poth.	more City, give exoct locotion)
DISEASE OR CO 19A. DATE OF 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (1) (this haspital lost saw the decease of from the causes star RE	HE TERMINAL RT 1 (A). IDITION FOR W FORMED 218. P home, etc.) (Hour) 218. I While Work	PLACE OF INJURY (e.g., form, foctory, street, or injury Occurred At Work a deceosed from	in or obout 21°C. WHERE Infifice bldg., INJURY OCCI	DID (If in Bolti	more City, give exoct location) 19 6 opinion death accurred on the de
TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBUT OF INJURY (APPROX.) 22, I certify that (I) (we) and hour and	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PART OPERATION 198. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medicol exominer (Month) (Doy) (Year) that (1) (this hospital lost saw the deceased from the causes start RE	HE TERMINAL RT 1 (A). JOINON FOR W FORMED 218. P home, etc.) (Hour) 218. I While Work 1) ottended the ed olive an ted obove (1)	PLACE OF INJURY (e.g., form, foctory, street, or injury Occurred At Work a deceosed from	in or obout 21C. WHERE Infifice bldg., INJURY OCCIDE 21F. HOW DI	IN CERTIFYING DID (If In Bolti DINJURY OCCUR? 19 ta	causes OF DEATH? more City, give exoct location) 19 66 opinion death accurred on the do
IO THE DEAT DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRISU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PART OPERATION 1988. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this haspital lost saw the decease of from the couses star RE PAUL E. M.	HE TERMINAL RT 1 (A). 1911TON FOR W FORMED 218. P home, etc.) (Hour) 21E, I While Work 1) ottended the ed olive an ted obove (1)	PLACE OF INJURY (e.g., form, foctory, street, or injury Occurred At Work of deceased from	in or obout 21C. WHERE Infinite bidgs, INJURY OCCION 19 19 19 19 19 19 19 19 19 19 19 19 19	IN CERTIFYING DID JR? (If in Bolti D INJURY OCCUR? 19	causes OF DEATH? more City, give exoct location) 19 66 opinion death accurred on the do 23B, DATE SIGNED 3 // GF
DISEASE OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATU	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medicol exominer (Month) (Doy) (Year) that (1) (this hospital to the decease of from the causes standard from the cause standard f	HE TERMINAL RT 1 (A). 1911TON FOR W FORMED 218. P home, etc.) (Hour) 21E, I While Work 1) ottended the ed olive an ted obove (1)	PLACE OF INJURY (e.g., of lorm, foctory, street, of lorm, foctory, street, of lord, form, foctory, street, of lord, form, foctory, street, of lord, form, fo	in or obout 21C. WHERE Infinite bidgs, INJURY OCCION 19 19 19 19 19 19 19 19 19 19 19 19 19	IN CERTIFYING DID (If In Bolti DINJURY OCCUR? 19 ta	causes OF DEATH? more City, give exoct location) 19 6 F opinion death accurred on the do
TO THE DEAT DISASSE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22, I certify that (I) (we) and hour and 23A. SIGNATU 23C. PHYSICIA NAME (T)	H BUT NOT RELATED TO TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER NT WAS UNDERLYING DITING CAUSE OF medicol exominer (Month) (Doy) (Year) that (1) (this hospital to the decease of from the causes standard from the cause standard fr	HE TERMINAL RT 1 (A). 10)TION FOR W FORMED 218. P home, etc.) (Hour) 21E. I While Work 1) ottended the ed olive an ted obove (1) 1 CHELSC 24C. NAI	PLACE OF INJURY (e.g., form, foctory, street, or injury OCCURRED At	in or obout 21C. WHERE Infinite bidgs, INJURY OCCION 19 19 19 19 19 19 19 19 19 19 19 19 19	IN CERTIFYING DID IN CERTIFYING OID III IN Bolti II IN Bolti II IN Bolti II IN	causes OF DEATH? more City, give exoct locotion) 19 66 opinion death accurred on the

shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

examiner.

physician who pronounced

(except where the

was D.O.A.

This certificate must be approved by the chief medical examiner or his assistant if death

the body was released to the hospital by a medical

IMPORTANT

FUNERAL DIRECTOR:

attendance on the

was in regular

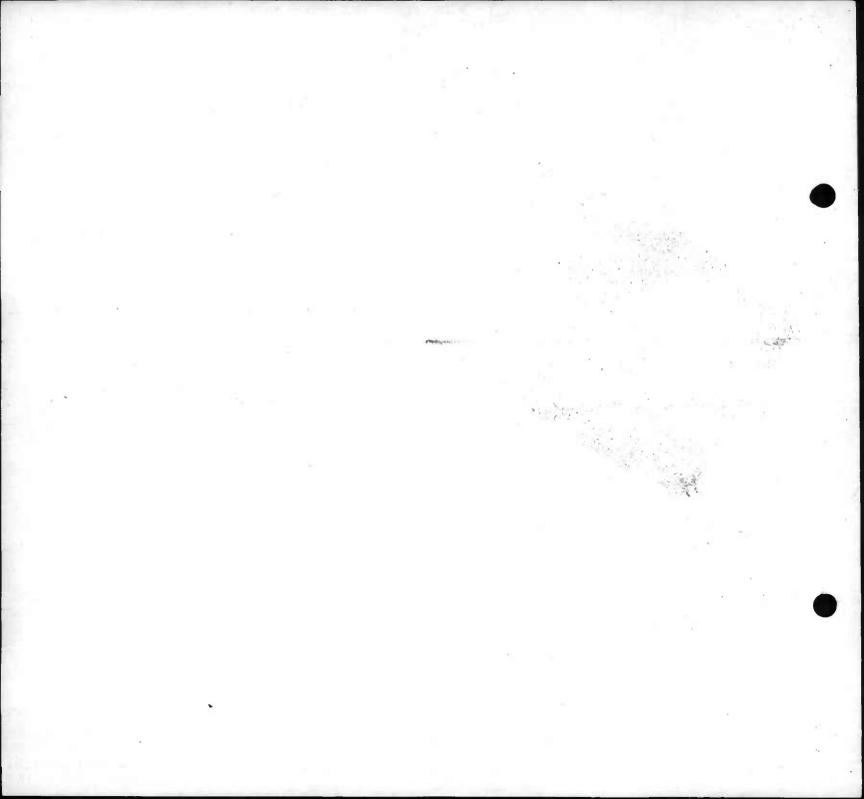
death

contributing

VS 150-REV. 1/1/68

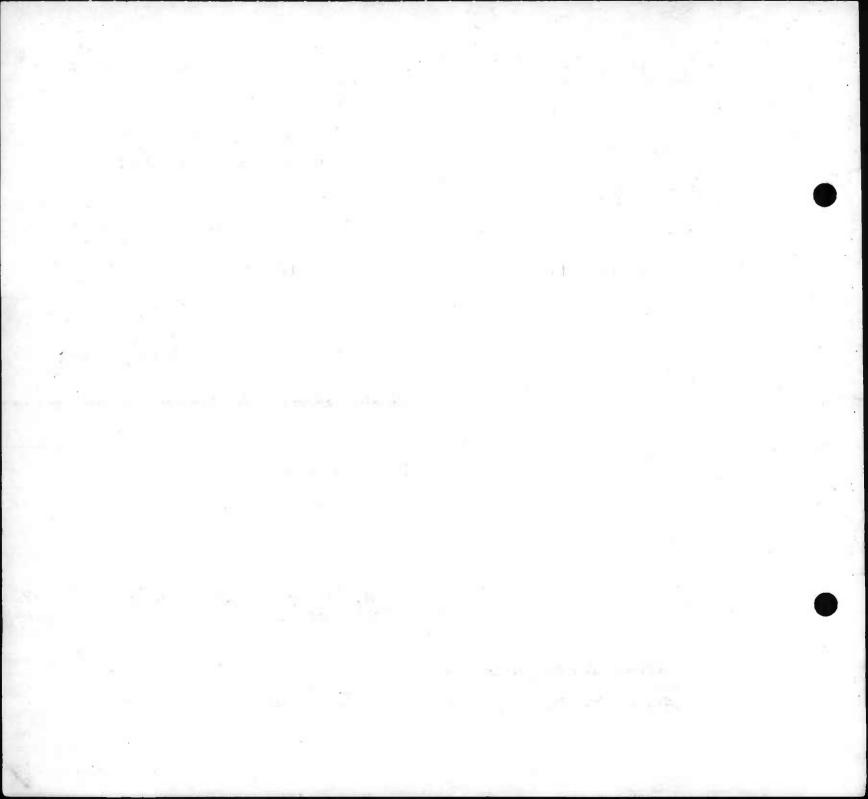
burial May-13-68 Druid Ridge
25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR

MAY 14 1968 Rec. & Fallery



VS 150-REV. 1/1/6B

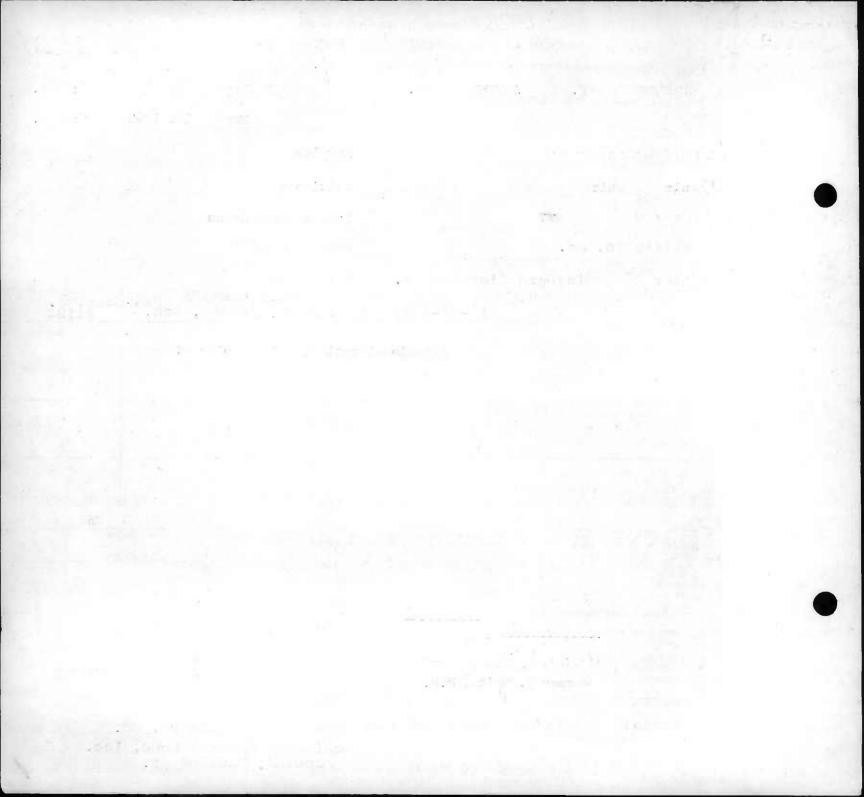
6	08- 5022	CERTIFICA	TE OF DE	ΔTH	REG. NO.	68 5	022
	RTH NO.				HOUR OF DEATH		
	ipe or Print) DE NIS NAVES	M		May	13 1968	15%	20 A M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESID		deceased lived. If in:	stitution: residence	before odmission)
61	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,	CIVE STREET	MAR	4/00/			
H.	OSPITAL OR ADDRESS OR LOCATION)	OIVE STREET	C. CITY OR TOW	N	D. INSI	DE CITY LIMITS?	11001
	71 . 11 . 11	,	13014	move		YES	NO I
1	wohn's Hopkins Hospite	(/	E. STREET AND		EIDEL	AVO	
5.	SEX 6. RACE 7. MARRIED NE		B. DATE OF BIRTH		AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
	WIDOWED WIDOWED	DIVORCED	9 2 %		st birthdoy)	Months Doys	Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN		TI. BIRTHPLACE	State or foreign	country)	12. CITIZEN OF	WHAT COUNTRY?
do	ne during most of working life, even if retired)		Bald		Ma	115	A
13	FATHER'S NAME		14. MOTHER'S N	MAIDEN NAMI		03	/ 1
	4		1	/ITA M	ATPONCA		
15.	THEODORE DENIS Was Deceased Ever in U. S. Armed Forces? 16. SC		17. INFORMANT	ITA M	ATRONGA	ADDRE	ESS
(Y e	es, no or unknown) (If yes, give wor or dotes of service) SE	CURITY NO.	Vita De	enis, r	nother, a	bove	
	18. 0 7, 01	AUSE OF DEATH	+				OXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY			110 1			1
	LEADING TO DEATH (This does not meen the mode of dying, e.g.,		SE MASS		emorrha	9e 12	hrs.
	heart foilure, astherio, etc. It means the disease, injury or complication which coused death.)	DUE TO, OK AS	A CONSEQUENCE	or:			,
	ANTECEDENT CAUSES	10.	Lo lin	1. /	eukemia	0	+ 14
	DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE		e o nema		-16
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(-)					
		(C)					
2	20413 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Acu	te ren	1 1	luce		
ATIC	: TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ACO			170.		
JE IC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20 A. AUTOPSY		208, IF YES, WERE	FINDINGS CONSI USES OF DEATH?	DERED?
CEPTIE	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE	OF INJURY (e.g., i	YES		110	e City, give exect I	
IA	OR CONTRIBUTING CAUSE OF home, form	, foctory, street, of	fice bldg., INJURY	OCCUR?			
0	21D. TIME (Month) (Dov) (Yeor) (Hour) 21E. INJUI	LY OCCURRED	21 F. HO	W DID INJU	RY OCCUR?		
AF	OF INJURY While At 1	Not Whil	е 🗖				
	Work (At Work	1	<i>H</i> 10	10 10 1010	V 12	19 65
	22. I certify that (I) (this hospital) attended the decition (I) (we) last sow the deceased alive on			and that	6		
		/			antiny, tour, apr	man death acct	oned on the date
	ond hour ond from the couses stoted obove. (I) (We)	(ala) (ala not) v	THE DOOR OF	ner deom.		23B, DATE SIGN	IED
	ala. 2 1 1 2	Atte	ending Me	ed. S	taff hys.	5/12	110
	23C. PHYSICIAN'S	// DEGREE	23D. ADDRESS	ector — P	11y 3. 7 4	3//-3/	68
	NAME (Type)	G N	Tolor	11. 1	in or Ma	soite1	
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of	CEMETERY OF CRI	-OHITIS	24D. LO	CATION (CI	ty, town, or count	y) (Stote)
	REMOVAL (Specify)	ens of Fa	ith Com	p.	altimore,	Md	
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG		23C. FUNERA		ar crinore,		DRESS
	MAY 1 4 1968 R.D. B 2.	Failer MA	SCH	imun	JEK :	3331 B	rohms LA
A-							



J-520

68- 5023 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S		8- 5023
BIRTH NO.	REG. NO.	0 0020
1. NAME OF DECEASED	2. DATE Known Manth Day Ye	ar Hour
(Type or Print) CHARLES T. JANSKY SR.	DEATH Estimoted May 8, 1968	6:00 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Ye	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 10, 1968	8:00 P.,
OK INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution: reside A. STATE B. COUNTY	nce before admission)
2438 Ashland Avenue	Maryland	a har for
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMI	TS?
male white WIDOWED DIVORCED	Baltimore YES X	NO I
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr	s. E. STREET AND NUMBER	1
11/13/90 last birthday) Manths, Days, Hours Min	2438 Ashland Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Baltimore, Md. WHAT COUNTRY?	Thomas Jansky	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST		
done during most of working life, even if retired) Cutter Ginsberg Clothing Co.	Mary Petr	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT Rt.6, Box513A ADDRESS	dena, Md.
(Yes, na or unknown) (If yes, give war or dotes af service) 216-05-1323	Charles B. Jansky, son,	21182
19. A CAUSE OF DE	ATH	APPROXIMATE INTERVAL
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	sclerotic Cardiovascular Disease cause R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF:	
P 72 2, / II		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. A	UTOPSY? (Yes or No)
		No
228. PLACE OF INJURY(e.d home, form, factory, street, of UTING ☐ CAUSE OF DEATH.	p., in or obout 22C. WHERE DID (If in Baltimare City, give exoct locatice bldg., etc.) INJURY OCCUR?	an)
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (ARBORY) WHILE AT NO	22F. HOW DID INJURY OCCUR?	
23.	nom 🗀	
I certify that I held an Inquiry Inspection X	utopsy and that an this basis, death in my apinio	ın
resulted fram: Natural causes X Accident Suic	ide Hamicide Undetermined manner	
1.00	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE WILLIAM M	.D. ASSISTANT MEDICAL EXAMINER	DAIL SIGIALD
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	5/11/68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y ar CREMATORY 24D. LOCATION (City, tawn, ar co	unty) (Stote)
REMOVAL (Specify) Burial 5/14/68 Holy Redee	mer Cemetery Baltimore, Md	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	mer Cemetery Baltimore, Md	5
MAY 14 1968 Of Porto & Farlina	Schimunek Funeral Home, 2001 E Madison St.	Inc.
	2001. E. Maulson St.	



K-422

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	68-	5024
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BIRTH NO.	74122	TOAL	EXAMINATIO (CAILOI	DLA	REG. NO	. 00	0004
	DECEASED			2. DATE	Knawn 🗌	Manth	Day	Yeo	r Hour
GEOR	GE.	KOWA	LCHUK	OF DEATH	Estimoted 🔯	May	11.	1968	9:35 A. M.
	BALTIMORE, MARYLAND, V			3. DATE	**	Month	Doy	Yes	
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INS	TITUTION, GIVE STREET	PRONO	JNCED DEAD	May		1968	9:35 A.
HOSPITAL OR INSTITUTIO	ÀDDRESS OR LOCA	(NOIT		C LICUAL D	ESIDENICE (When				nce before admission)
Hopk	ins Hospital (D	OA)		A. STATE Mary		e deceased	B. COUNTY	un. residei	C 5
6. SEX	7. RACE	B. MARR	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMI	IS?
male	white	WIDOW		Balt	imore			YES X	NO 🗆
9. DATE OF April	last birthd a	y)	Il Under 1 Yr. Il Under 24 Hrs. Months, Days, Hours, Min.		B E. Lomba	ad Ca			
	CE (State or foreign country)		12. CITIZEN OF	13. FATHER		iru st	reer		
	ltimore, Md.		WHAT COUNTRY?		iel Kow	alchu	ık		
14A.USUAL O	CCUPATION (Give kind al work	14B. KIND	OF BUSINESS OR INDUSTRY						
Machi		Md.	Drydock	Net	tie Zim	nitsk	y		
16. WAS DEC	EASED EVER IN U.S. ARMEI	FORCES	7 17. SOCIAL	18. INFOR	MANT3412	Parkl	awn Av	ADDRESS	
(Yes, no or unki	nawn)(I yes, give war or dates	of service	215-14-4367		a Zappa				
19. 4	LIV		CAUSE OF DEA		a suppu		, 0200		APPROXIMATE INTERVAL
7									BETWEEN ONSET AND DEATH
DI	SEASE OR CONDITION DIRE LEADING TO DEATH	CTLY		Pneumor	ıia				
(This de	oes not mean the made of dy	Ing, e.g.,	(A)IMMEDIATE C	AS A CONSEC	UENCE OF:				******
heart le	ailure, asthenia, etc. It means the or camplication which caused de	disease,	DOL 10, OK 1	AS A CONSE	DETTOE OF.				
		,							
DICE W	ANTECEDENT CAUSES		(B)	AS A CONST	OUT OF				
RISE TO	SES OR CONDITIONS, IF AN' O THE ABOVE CAUSE (A) STA	I, GIVING TING THE	DUE 10, OK	AS A CONSE	QUENCE OF:				
UNDE	RLYING CONDITION LAST.		(C)	******					
OTHER TO THE DISEAS	5 × 11								
OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUT		41					
DISE AS	SE OR CONDITION GIVEN IN P	ART I (A)	racty.	Alterat	ion of Li	lver			Partial
20A. DA	TE OF OPERATION 20B. CO	NDITION	FOR WHICH OPERATION W	AS PERFORA	NED			21. A	UTOPSY? (Yes or No)
디디	W 400								Yes
₹ 22A. E	XTERNAL CAUSE WAS		22B. PLACE OF INJURY (e.g.,	in ar about 2	2C. WHERE DID	(Il in Baltim	are City, give e	xact locatio	
UNDERLY	YING OR CONTRIB-		home, farm, loctary, street, ollic	e bldg., etc.)	NJURY OCCUR?				
	CAUSE OF DEATH. ME (Month) (Doy) (Yea	r) (Hau	r) 22E.INJURY OCCURRED		2F. HOW DID IN	IURY OCC	CUP?		
OF INJU	RY	, (1100		WHILE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ok.		
(APPROX.	.)			VORK					
	certify that I held an I	nquiry [Inspection Au	rtial Hopsy X	and that an i	his basis	donah in -		
					and that an t				n
r	esulted from: Natural cau	ses 🕰	Accident Suicio		amicide 🔲		ined manner		
ACI	TUAL 1000	1 (6 4 -		CHIEF MEDICAL				DATE SIGNED
	NATURE Clerue	Mr.	700/- M.C	ASSI	STANT MEDICAL	EXAMINER	X		F/10/60
	MINER'S Werner U	. Spi	M.DS	ASSO	CIATE MEDICAL	EXAMINER			5/12/68
	CREMATION, 24B. DATE		240 NAME of CEMETERY	ar CREMATO	DRY 24D	LOCATIO	N (City, to	wn, or cou	inty) (State)
REMOVAL (Specify)	68-1-	Orthodix Holy Trinity	Cemete	ry	Ra1+i	more.	MA	
ZJA, DATE KI	ECD BY WEATH DE 968	The.	AME OF REGISTRAR	o Sc	himunek 03331 B	Fune	ral Ho	me,	Inc.
l					107				

VS 151-REV. 1/1/68

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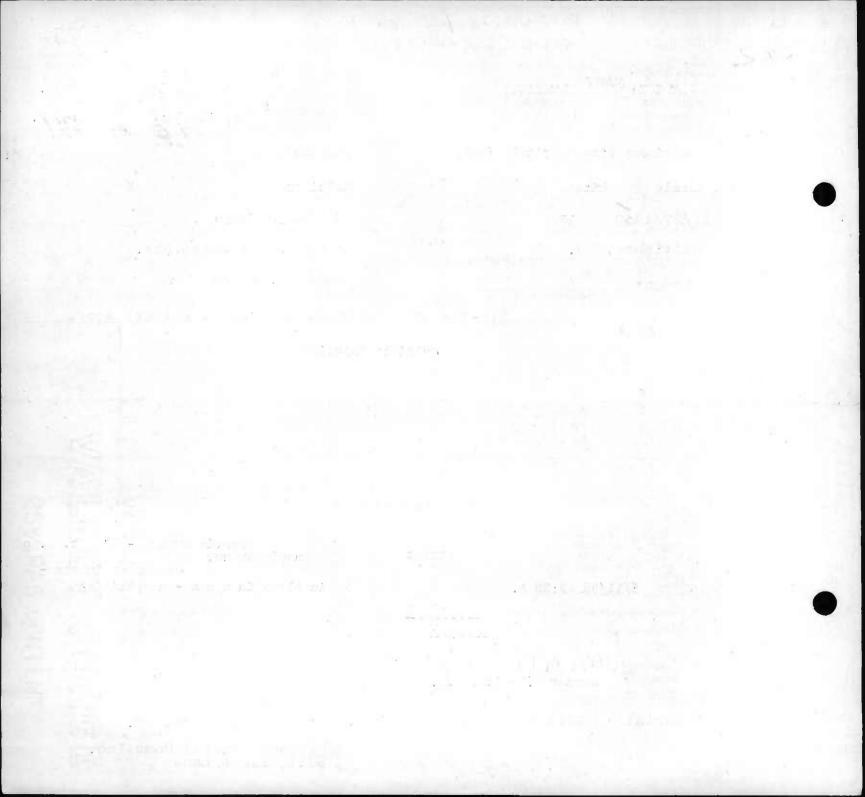
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25				
AU	BALTIMORE	CITY HEALT	H DEPARTMENT	

68	5025
	UNNU

1	68- 5025 BALTIMORE CITY HEALTH DEPARTMENT
m-362	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
31	1. NAME OF DECEASED (Type or Print) PATRICIA MATARAZZO 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 1. DATE OF DEATH Estimoted May 11, 1968 3:20 A. M. Month Doy Yeor Mour About And The pronounced Dead May 11, 1968 3:45 A. M. To USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)
99	Baltimore City Hospitals (DOA) 6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN Female White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min.
	11/27/1940 17 3531 Dudley Avenue 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY? John G. Matarazzo, Sr. 14A. USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Sadie J. Price
	Student 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 216 - 56 - 2577 18. INFORMANT ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple Injuries (A) Multiple Injuries (A) Multiple Injuries (A) Multiple Injuries (DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
	(C)
	No 22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. How DID INJURY OCCUR? 22F. How DID INJURY OC
	I certify that I held on Inquiry Inspection X Autopsy ond that an this basis, death in my opinion resulted from: Natural couses Accident XX Suicide Homicide Undetermined manner Accident XX Suicide Accident Accid
	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5/14/68 Lake View Mem. Park Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Schimunek, Funeral Home, Inc. VS 151-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

68-	5026 BALTIMORE CITY	HEALTH DEPARTMENT	1	68- 5026
	CERTIFICA	TE OF DEATH	REG. NO	00.00
I, NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type of CARVILLE, JAMES	ALOYSIUS	MAY	11, 1968	IV 1.20 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Whe	re deceased lived. Il i	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR		A. STATE B. COUN FLLICO MARY		worl 6 63.00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
ST AGNES HOSP		ELLICOTT CIT	Y	YES NO X
WILKENS & CATON AVES		E. STREET AND NUMBER		
BALTO MD 21229		ROUTE 108		
	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE WHITE WIDE	OWED DIVORCED	04/15/87	81	Trioning Doys
10A, USUAL OCCUPATION (Give kind of work 10 B, KI			ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		1 OWA		USA
	17			0 0 7
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
THOMAS MC CARVILLE		MARGARET BR	UFIT	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
tres, no or chikilowin the yes, give wor or doles or se	security No.	ST AGNES HO	SP	
18. / / /	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		//	, , , , , ,	BETWEEN ONSET AND DEATH
LEADING TO DEATH		MAIAARYA	1101 12	Arel.
(This daes not mean the made of dying,	e.g., DUE TO OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the di- injury ar camplication which coused death.	sease,			
ANTECEDENT CAUSES				
	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoling		A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(C)			
420.1				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IINAL			
U 19A DATE OF OPERATION 119B CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORME		NO	IN CERTIFIENG CA	AUSES OF DEATH!
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltime	ore City, give exoct location)
DEATH (notify medical examiner)	etc.)	ince plags, INJURT OCCUR!		
O ID. TIME (Month) (Doy) (Yeor) (Hour	21 E. INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUP?	
S OF INJURI	While At Not While		OKI OCCOR.	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atter	nded the deceased from		19to	19
that (1) (we) lost sow the deceased aliv	e on	19ond th	ot in(my) (our) op	pinion death accurred on the date
			, , , , , , , , , , , , , , , , , , , ,	
and hour and from the couses stated obe	ove. (1) (me) (ala) (ala not) v	lew the body offer deoffi.		23B, DATE SIGNED
23A. SIGNATURE GROUPS	When . AHO	nding Med.	Shaff [236, DATE SIGNED
July	DEGREE Phys		Staff Phys.	DESCRIPTION OF THE PROPERTY OF
23C. PHYSICIAN'S NAME (Type)	nWoo1	23D. ADDRESS	JUCD MITKE	ENC & CATON AVEC
young	MIOUV	ST AGNEDS H	1035 MITVE	ENS & CATON AVES
24A. BURIAL CREMATION, 24B. DATE	DEGREE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (C	City, Iown, or county) (Stote)
REMOVAL (Specily)	CATHEDRAL CO	EMETERY IN:	ImingTon	Day /
Burial 5-13-68		1 00/		ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	HOPINOE THE TOP	IACK FINERA	1 Ellicott CT.
MAI 1 4 1300 ULL	Jew C. Mansey Fra	He	m E	prd 7
VS 1S0-REV. 1/1/68				

112 15 20 674 30

BIRTH NO. 1. NAME OF DECEASED (Type or Print) DePasquale, Carl Raymond 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH May 11, 1968 4. USUAL RESIDENCE (Where deceased lived. If institution: res 8. COUNTY Maryland C. CITY OR TOWN D. INSIDE CITY LIA	6:30 A
I. NAME OF DECEASED (Type or Print) DePasquale, Carl Raymond 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION THE PROPERTY OF TOWN D. JINSIDE CITY LIA OR THE AND HOUR OF DEATH A. USUAL RESIDENCE (Where deceased lived. If institution: res B. COUNTY MATYLAND C. CITY OR TOWN D. JINSIDE CITY LIA OR THE PROPERTY OF TOWN D. JINSIDE CI	6:30 A
DePasquale, Carl Raymond 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION INSTITUTION DePasquale, Carl Raymond 4. USUAL RESIDENCE (Where deceased lived. If institution: res B. COUNTY Maryland C. CITY OR TOWN D. JINSIDE CITY LIA OF THE PROPERTY O	6:30 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) INSTITUTION TO BE THE COUNTY MATYLAND C. CITY OR TOWN D. JNSIDE CITY LIN	sidence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) IN C. P. H. C. HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	1 1. 15
H C D H C Hoonigal	MITS?
	NO 🔀
Baltimore, Maryland E. STREET AND NUMBER	- 40
1064 National Highway	
SEX 6. RACE 7. MADDIED NEVED MADDIED B. DATE OF BIRTH 9. AGE (In years If Under	
Male White WIDOWED DIVORCED Jan-22-1904 64 Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZI	EN OF WHAT COUNTR
one during most of working life, even if retired)	CA
Construction worker construction Michigan U. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	.S.A.
Ralph DePasquale Angela DeVincenzo	
S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
No 105-03-1397 Records - USPHS Hospital, Baltin	more, Md.
UNDERLYING CONDITION Iosi. (C)	
Disease or condition given in Part 1 (a). 19A. Date of operation 19B. condition for which operation 20A. Autopsy? (Yes or No.) 20B. If Yes, were findings in certifying causes of D S-2-68 unpliquences splanetary VD	CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING A 21B. PLACE OF INJURY (e.g., in of about 21C. WHERE DID (If in Baltimore City, give home, form, foctory, street, office bidg., INJURY OCCUR?	e exact location)
21D, TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not Work At Work	
22. I certify that #) (this hospital) attended the deceased from March 25 19 68 to May 11	19 68
that (% (we) last sow the deceased alive an May 11, 1968 19 and that in (%) (our) opinion death	
	n occorred on the do
ond haur ond from the couses stated obove. **() (We) (did) (**Z*********************************	E SIGNED
Drulan - Karlayyald organic Attending Med. Stoff A 5 -	-11-68
23C. PHYSICIALTS NAME (T(pe) 23D. ADDRESS U.S.P.H.S. Hospital, Baltimore,	Maryland
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or REMOVAL (Specify)	r county) (State)
Burial 5-14-68 REST FREGERICK CO	VA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS

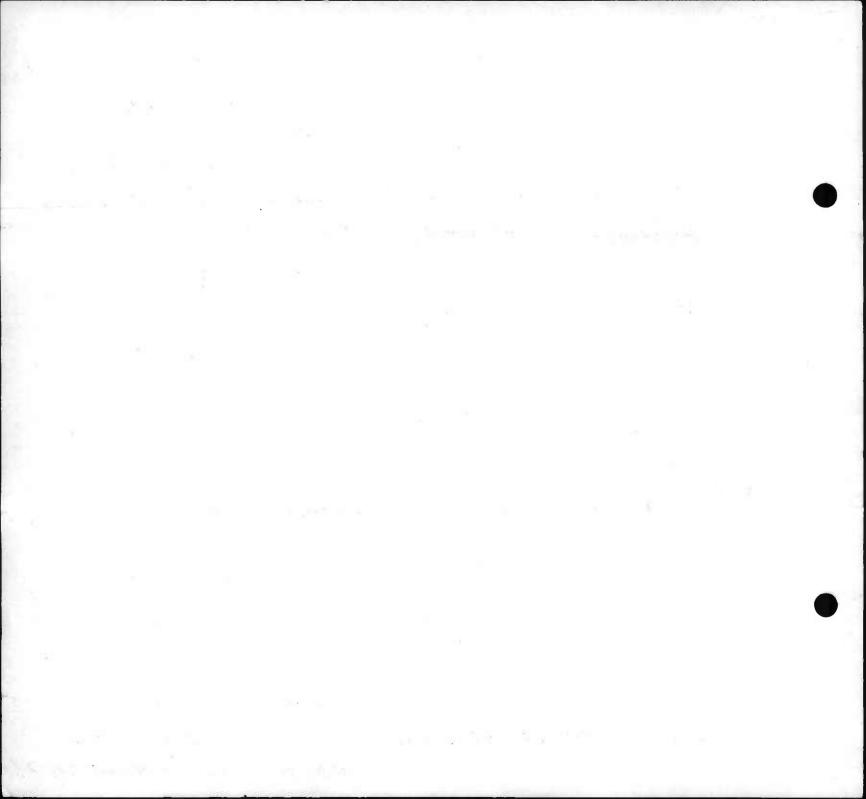
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such veritten approval must be obtained before the remains are embalmed or final disposition is made.

68- 5028 BALTIMORE CITY HEALTH DEPARTMENT	20
CERTIFICATE OF DEATH	5028
BIRTH NO.	
1. NAME OF DECEASED (Type of Print) ISABELL FRANCE 2. DATE AND HOUR OF DEATH S-8-68 [A	2:30 Lm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence A. STATE B. COUNTY	before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?	33-00
34 Bon Secours HOSPITAC E. STREET AND NUMBER	-21228
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years 1 Under 1 Yr.	If Under 24 Hrs.
92 Nimarried Never Married State of Sta	Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)	WHAT COUNTRY?
HOUSEWIFE PThone MARY and	
13. EATHER'S NAME	
Pavio M= Kenzie HANNE Lilly	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	:22
No 213-14-3440-D Y15-ChareT CAUSE OF DEATH APPRO	XIMATE INTERVAL
A O.	ONSET AND DEATH
LEADING TO DEATH (A) IMMEDIATE CAUSE	
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)	
_ 002.1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	mir wire man a a a a a a a a a a a a a a a a a a
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSI	DERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSI	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	ocotion)
2) D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
22. I certify that (1) (this haspital) of tended the deceased from 4-27 1968 to 5-8	19 68 .
that (1) (we) Just sow the deceased alive on 5-8 19 68 and that in (my) (our) opinion death account	rred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.	
23A. SIGNATURE. Attending Med. Shoff	- 68
23C. PHYSICIAN'S DEGREE Phys. Director Phys. 30 23D. ADDRESS	, , , ,
NAME (Type)	1/21222
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county)	(State)
Burn 1 3-18-68 ST Johns	
	1/
25A, DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR.	DRESS



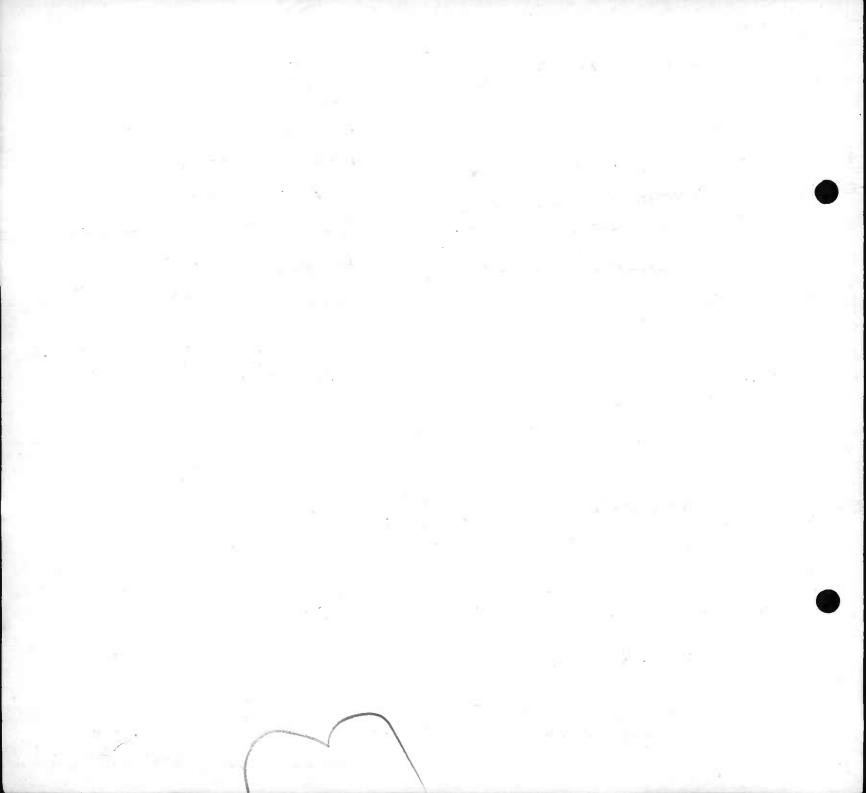
	68 5029 BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH
	I. NAME OF DECEASED 2. DATE/AND/ HOUR OF DEATH
	TURNER Edward Borchard 5/11/68 7:20 A.M.
	3. PLACE IN WALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Wyere deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) THE PROPERTY OF
4	Haring Mensial Hospital E. STREET AND NUMBER
de.	2702 Orthon prive. Ox - Ou
ppm :	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH North Doys Hours Min. 7. MARRIED NEVER MARRIED 1010 NEVER MARRIED 101
isposition is	10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BRTHPYACE (Stote or fareign country) done doring most of working life, even if refired) USA USA
sit	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
spo	Charles Treese ARIOR
ן ס	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INFORMANT ADDRESS
ם	(Yes, no ar unknown) Ill yes, give war ar doles of service) SECURITY NO.
fin	18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
0	DISEASE OR CONDITION DIRECTLY
)ed	LEADING TO DEATH (A)IMMEDIATE CAUSE Wtastatic Lung & Beain CA
balmed	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
φw	injury or complication which caused death.)
0	ANTECEDENT CAUSES (8) - PRIMARY SIGN
are	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS/A CONSEQUENCE OF:
ins	UNDERLYING CONDITION last. (C)
nan	z / 992 II
rema	Ô OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).
the	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 204. AUTOPSY? (Yes or Not 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	E O WAS TENDED IN STATE OF STA
before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at obout 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.)
ained	DE 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
ā	APPROX.1 Work At Work 7
opt	22. I certify that (†) (this haspital) attended the deceased fram S/1/1908 to S/1/1908 ,
pe	that (I) (Ne) last saw the deceased alive an
ust	and haur and fram the causes stated above. (1) (We) (did) (didnet) view the bady after death.
E	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED
	23 CPHYSICIAN'S (Un tell MB. Affending Med. Director Shoff Phys. Shoff Phys. 23D. ADDRESS
0	NAME (Type)
approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (Stote)
ena	REMOVAL (Specify! Burial May 14,1968 Bel Air Memorial Gardens Bel Air Harford Md
ritte	25A, DATE REC'D, BY HEALTH, DERT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
W	MAY 14 1968 Oller E. Janey Howard K. McComas & Son, Abingdon, Md.

Howard K. McComas & Son, Abingdon, Md.

VS 150-REV. 1/1/68

245 Tracional Control 12/2/2 Themat where Thereton Charles incres Missill E. . 71 (- 2 -17/5 5 Deend Cambell ms Dark Miles DERNIET CAMPELLE 16. B

DID		CERTIFICA	TE OF DEATH	6. NO. 68- 5030
1, N	'H NO. AME OF DECEASED		2. DATE AND HOUR O	F DEATH
	GADDIE NERLY WALKE	R	MAY 9, 1968	M
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
			A. STATE B. COUNTY	
HO	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
INS	TITUTION		B D I TILLARE	YES NO NO
3	4		E. STREET AND NUMBER	TES A NO.
-	BON SECOURS HOSPI	TNI	10	RN
K			8, DATE OF SIRTH 9, AGE (In	veors If Under 1 Yr. If Under 24 Hrs.
J. 3	MAKE	NEVER MARRIED	1) 10 1004 lost birthdoly	Months Doys Hours Min.
104	EMALE WHITE WIDON USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)		A SIRITIFICACE (Single of foreign country)	1// /
	HOUSEKEKPEK	HOME	BANTIMORE, MD	. (), J. H.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	INCHINICTON IL NOTI	, 🗸	(LROPE ELI	ZABETH
15.	Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes	, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	John Francis (1 refer 1/24 C. C. D.
	NO		778 1010 0 1000	
	1B. / 5 3 , 31	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		A 0	. 1
	LEADING TO DEATH	(A) IMMEDIATE CAL	SE Carcinoma of Se	emora moules
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	£ - 01
	injury ar complication which caused death.)		colon with met	HOLE
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	
	rise to the obove couse (A) stating	_		
	UNDERLYING CONDITION IOSI.	(C)		
_	153.3 11			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT			140
	DISEASE OR CONDITION GIVEN IN PART 1 (A).			
FIC	19A. DATE OF OPERATION 198. CONDITION 8	FOR WHICH OPERATION	20A. AUTOPSY? (Yes) or No.) 20B. IF Y	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH?
ERTIFI	14-20-68			yes
O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If fice bldg., INJURY OCCUR?	in 80ltimore City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)		
0	21D.TIME (Manth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
M	21 D. TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While	e 🗖	
	(ATTROX)	Work At Work	1/2/	N/01/
	22. I certify that (1) (this haspital) attend	led the deceased fram	7 119 19 60 1	0 7 1900
	that (I) (we) last saw the deceased alive	on 6	19_6 and that in(my)	(aur) opinian death occurred on the date
	and hour and from the couses stated above	re. (1) (We) (did) (did not)	iew the body ofter death.	
	23A. SIGNATURE			23B. DATE SIGNED
	Una Good In		Med. Stoff Phys.	5-9-608
	Hawaries N	DEGREE Phy	23D. ADDRESS	0-1-0
	23C. PHYSICIAN'S NAME (Type)		230. ADDRESS	110000 70
	M. T- HASH	EM DEGREE	15 on Sec	to home
24/	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CR	MATORY 24D. LOCATION	(City, town, or county) (State)
	Service 5-13-68	By Maleons	l'em 6	allo. md,
254	A, DATE REC'D SY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C) FUNERAL DIRECTOR	ADDRESS .
23,		a O In no	Falen, Cropen	Little Catarala mo
	MAY 1 4 1968 (P. C.	DE JUNEUTA	I way	,
VS	150-REV. 1/1/68			



BIRTH NO.		CERTIF	FICATE OF DEATH	H REG. NO	68- 5031
1. NAME OF DECE (Type or Print)	ASED	MABEL MARGARET	2. DATE	AND HOUR OF DE	
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admiss
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STRE TION)	MARYLAND C. CITY OR TOWN		INSIDE CITY LIMITS?
	ST. AGNES H		HALETHORP	E	YES NO X
40	WILKENS &	CATON AVES.	E. STREET AND NUMBE	R	
		. 21229	1815 PARK		
FEMALE	6. RACE WHITE	7. MARRIED NEVER MARRIED NIVORCE	= 44 64 67	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
	orking life, even il retired)	10B. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHAT COUN
13. FATHER'S NAM			MARYLAND 14. MOTHER'S MAIDEN	NI A A A E	USA
	ES HEISE		MARGARET	KRAUSE	
(Yes, no or unknown)	Ever in U.S. Armed Ford (If yes, give war or date:	s of service) 1 6. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS
		212056	455 ST.AGNES	RECORDS-	WILKENS &CATON A
DISEASES O	R CONDITIONS, if	(B)	OR AS A CONSEQUENCE OF:		
DISEASES Of the UNDERLYING	R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving (8) Stoting the (C)			
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DISEASES OF THE UN DERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 199. DATE OF OR CONTRIBU 21 A. ACCIDEN OR CONTRIBU 21 D. TIME 21 D. TIME (APPROX.) 22. I certify that XI) (we) and haur ond 23A. SIGNATURE	R CONDITIONS, if obove couse (A) CONDITION lost. I CANT CONDITIONS CAUSE OF medical examines) (Month) (Day) (Year) That (M (this haspital last saw the decease fram the causes states	Ony, giving stating the CC. OTRIBUTING SETEMINAL STATE STAT	OR AS A CONSEQUENCE OF: OR ACTUAL OR AS A CONSEQUENCE OF: OR AS A CON	INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? Je S - Jimore City, give exoct focotion
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DISEASES OF THE UN DERLYING OTHER SIGNIFITO THE DEATH DISEASE OR CO. 179A. DATE OF DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that XI) (we) and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty	R CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITIONS CAUSE OF medical examined (Month) (Day) (Year) That (Month) (Day) (Year)	ONY, giving stoting the CCEMETERY MAN 122C, NAME of CEMETERY DUE TO, DUE TO, CO, STOTE TO, STOTE	OR AS A CONSEQUENCE OF: OR AD AUTOPSY? (Yes or JEST OF A CONSEQUENCE OF: OR AUTOPSY? (Yes or JEST OF A CONSEQUENCE OF: OR ALTOPSY? (Yes or JEST OF A CONSEQUENCE OF: OR ALTOPSY? (Yes or JEST OF A CONSEQUENCE OF: OR AS A CONSEQUENCE OF: OR ALTOPSY? (Yes or JEST OF A CONSEQUENCE OF: OR ALTOPSY? (YES OR JEST OF A CONSEQUENCE OF: OR ALTOPSY? (YES OR JEST OF A CONSEQUENCE OF: OR ALTOPSY? (YES OR JEST OF A CONSEQUENCE OF: OR ALTOPSY? (YES OR JEST OF A CONSEQUENCE OF: OR ALTOPSY? (YES OR JEST OF A CONSE	INJURY OCCUR? 1968 to M. Hosp - Calo D. Location Howard Cour	erre Findings Considered Causes of Death? JR 5— Immore City, give exact focation) AY 12 apinian death accurred an the 238. DATE SIGNED 5-13-68 M + Wilkers ave

258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
Howard H. Hubbard, 4107 Wilkens Ave. 21229 25A. DATE REC'D BY HEALTH DEPT. 4 1968 VS 150-REV. 1/1/68

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CERTIFICA

MEDICAL

21 D. TIME OF INJURY

(APPROX.)

23A. SIGNATURE

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	CO SOOD BALTIMORE CITY	HEALTH DEPARTMENT 68- 5032
	68- 5032 CERTIFICA	TE OF DEATH REG. NO.
	BIRTH NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
	(Type or Print) POWELL EDWIN	5/12/68 7.50 A.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
	SINAT HOSPITAL OF BALTIMORE	E. STREET AND NUMBER
oi.	42 HAT SHOST THE OF SACTIMENT	E. SIREEL AND NUMBER
maae.	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours Min.
F	MALE WHITE WIDOWED DIVORCED	11-11-04 63
ם ם	done during most of working life, even if retired)	- Ver
S	SERVICE STATION OWNER SERVICE STATION	FRANKTOWN - VIRGINIA 150
disposition	George H. Powell	Lynne Mapp
וחמו	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give wor or dotes of service) No	17. INFORMANT ADDRESS VESTA PARKS POWELL
2	18. 2 3 8 / I CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	100
balmed	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
Ε	injuly of complication which caused death.) ANTECEDENT CAUSES	4. 90 1 11.0
Te e	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	din 2 nlary to Huge
0	rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.	borol tumos
emains	z 237/ II	
en	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	

198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21C. WHERE DID 21B. PLACE OF INJURY (e.g., in or about 2 home, form, factory, street, office bldg., II (If in Baltimore City, give exact location) etc.) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At Work At Work 22. I certify that 📵 (this haspital) attended the deceased from 19 6 8 that ((we) last saw the deceased alive and that in(my) (apinian death accurred an the date and haur and fram the causes stated abave. (R) (We) (did) (did)met) view the bady after death. 23B, DATE SIGNED Attending Phys. Med. Staff Phys. Director 23 D. ADDRESS OF SPANOS 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar caunty)

23C. PHYSICIAN'S NAME (Type) 24B. DATE

(Doy) (Year)

24A. BURIAL CREMATION, REMOVAL (Specify) 5-14-68 Buria1 25A. DATE RECED BY HEALTH DEPT.

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

(Month)

DEATH (notify medical examiner)

Edgeshill Cemetery

Accomac Virginia

25C. FUNERAL DIRECTOR ADDRESS
Howard H. Hubbard-4107 Wilkens Ave. Balto. Md.

VS 150-REV. 1/1/68

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APORTANT	released to the hospital by a medical examiner. Also, if the direct or contributing cause af death accident af any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital (except where the physician wha pranaunced death was in regular attendance on the readenty; and (6) No physician was in regular attendance on the cause in the deceased priar ta death. Such
FUNERAL DIRECTOR: IMPORTAN	is must be appraved by the chief medical examiner or his assistant if death occurred released to the hospital by a medical examiner. Also, if the direct or contributing accident af any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined a hospital (except where the physician wha pranaunced death was in regular request, and (6) No physician was in regular attendance an the deceased provided and in the deceased provided and are included.
	must be released to secident at a hospital readeath.

4-1	68- 5032 BALTIMORE CITY	HEALTH DEPARTMENT 68 5033				
	CERTIFICA	TE OF DEATH				
and eath ased the Such	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
-T0 0 E	(Type or Print) NANCY ADA E. HORNER	May 10, 1968				
se af (5) December of death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission) A. STATE B. COUNTY				
asp se se dec	(Type of Print) NAMCY ADA E. HORNER May	Maryland				
4 E	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					
n control	517 S Rentalou Street					
d co	On Beneatou Bereet	517 S. Bentalou Street				
2000	S. SEX 6. RACE 7. MARRIED NEVER MARRIED					
mimingu gau	Female White WIDOWED X DIVORCED					
red red si r		11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
de i de		Maryland U.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	James Dobson	Emma Thorbe				
1 9 4 6 1 P	15. Was Deceased Ever in U. S. Armed Forces?					
	SECORITI NO.	Mr. James Horner, 517 S. Bentalou Street				
ass if 1	18. / 9 4 X CAUSE OF DEAT	APPROXIMATE INTERVAL				
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Als e o nau att	(A)IMMEDIATE CALL	all of surely & your				
2.20.0	heart foilure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:				
שב מחבי						
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:				
3) (E)	The state of the s					
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died died	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
m me me ho	10 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
a a a a a a a a a a a a a a a a a a a	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
B C + + + + + + + + + + + + + + + + + +	218, PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location)				
エニンドーチ	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, of DEATH (notify medical examiner)	ffice bldg., INJURY OCCUR?				
A Keit	O 21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
nos atu (6)	S OF INJURY (APPROX.) While At Not Whi At Work At Work	le				
y n	22. I certify that (I) (this hospital) attended the degeased fram	much 19.58 May 10 1968				
(e) 4	that (1) (was Jost saw the deceased alive an MANY 10					
9 9 7 7	and haur and fram the causes stated abave. (1) (We) (did) (did not)	Cor Co				
sed sed sed sed sent spit	23A, SIGNATURE	23 R. DATE SIGNED				
leas leas ide hos a de l mu	Ath Phy	ending Med. Staff				
rel acc	23C-PHYSICIAN'S	23D. ADDRESS				
was r was r A. at a priar	NAME (Type) Dr. Christian Mass	21 S. St. John Lane, Ellicott City, Md.				
certific bady w s: (1) A D.O.A. assed pr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)				
bady ws: (1 s D.O.	BURIAL 5-13-1968 Loudon Park Cer	netery Baltimore, Maryland				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR ADDRESS				
This the lashawas was dece	MAY 14 1968 Releat E. Farbura	Howard H. Hubbard, 4107 Wilkens Avenue				
	VS 150-REV. 1/1/68					



-529
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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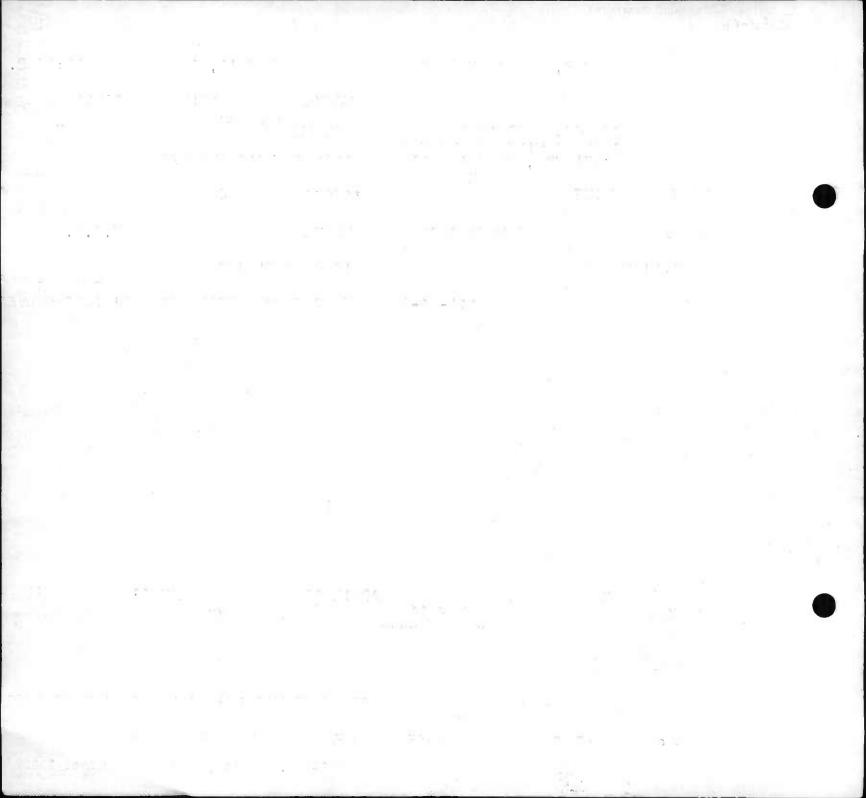
68- 5034 BALTIMORE CIT	Y HEALTH DEPARTMENT	60- 5004
CERTIFICA	TE OF DEATH REG. NO	o. <u>68- 5034</u>
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF D	ATH 12 O2 D
KUHN, JOHN HAMILTON	MAY 10 1968	2:U3 P A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	d. It institution: residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MD 21229	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) NSTITUTION		. INSIDE CITY LIMITS?
	BALTIMORE	YES NOT
ST AGNES HOSPITAL - CATON & WILKEN	E. STREET AND NUMBER	120 0 110 0
AVE BALTO MD 21229	2230 WILKENS AVE	
		If Under 1 Yr., If Under 24 Hrs
SEX 6. RACE 7. MARRIED NEVER MARRIED	lost birthday	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
MALE WHITE WIDOWED DIVORCED	03 03 76 92	
DA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	MARYLAND	USA
Retired Iron Molder Koppers Co.		0 3 7
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MARTHA KELLY	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCI	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)	ST AGNES HOSP, CA	TON & WILKENS AVE
21 β\203 768	BAITIMORE MD 212	
18. L/12 4 7 CAUSE OF DEAT	H /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	// / *	7
LEADING TO DEATH		
- CANAMEDIATECA	ardiae a	Men
(This does not meon the mode of dying, heart foilure, ostherio, etc. It meons the disease,	A CONSEQUENCE OF L	
injury or complication which coused death.)	a villa la	
ANTECEDENT CAUSES	NUC IN LINGS	^
- (B)	TISCOTYPIJA	secent.
The state of the s	A CONSEQUENCE OF	**
rise to the obove couse (A) stoting the 2	Ex (R) h	10
ONDERLING CONDITION last.		
_ 4 3 3 ,O II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CO		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, N	WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYIN	G CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in an about 21 C. WHERE DID.	la: Ca t t t
On CONTRIBUTION W CALLET OF	of obout 21 C. WHERE DID (If in Bo	altimore City, give exact location)
DEATH (notify medical examiner)	2230 Wilher	1) Aug:
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	0000
OF INJURY	le & fell of tolic	y with flow
OF INJURY (APPROX.) 4-4-68 430 PH Work At Work	" Jen gy same	poor
22. 1 certify that (1) (this hospital) attended the deceased from A		AY 10 1968
	1.0	
that (1) (we) last sow the deceased alive on MAR 10	19_68and that in (My) (ou	r) opinian death occurred on the do
ond haur and fram the causes stated above. (X (We) (did) (d)d (A)	view the hady after death.	
23A. SIGNAFORE	view the body offer deom.	23B, DATE SIGNED
		238. DATE SIGNED
Cast (1) Mills 10 Ph	ending Med. Staff Nys. Director Phys.	10 May 6 8
23 CLPHYSTCIAN'S	ADDRESS	1-11-10
NAME (Type)	ST AGNES HOS	P. CATON & WILKENS
CARL A MATTSSON	AVE BALTO MD 21229	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI		(City, town, or county) (Stote)
REMOVAL (Specify)		t 1 1
Burial 5-14-1968 Loudon Park Cer	netery Baltimore, N	daryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Howard H. Hubbard,	ADDRESS
MAY 14 1968 Robert E. Farleyma	Husbara H. Hubbara,	107 Wilkens Avenue
'S 150-REV. 1/1/6B	11 months 1 /4.	

Charles and the second

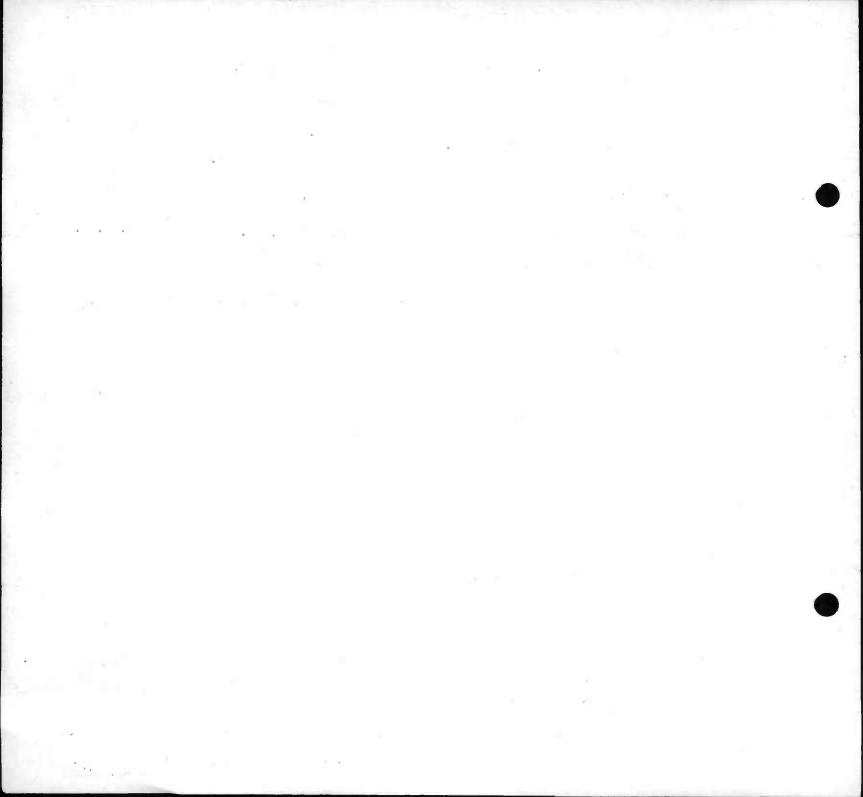
a hospital and

	GQ.	- 5035	BALTIMORE CIT	HEALTH DEPA	RTMENT				
	00	0000	CERTIFICA	TE OF D	EATH	REG.	NO	68 1	5035
BIRTH NO.	CASED					D HOUR OF	DEATH		
Type or Print)		SODMAN I	IADOLD						11.25 0
N 4 65 111 541		IORMAN H		A DISHAL DES		11, 1		ution: residence t	11:25 K
S. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	ICED DEAD	A. STATE	B. COUN	TY	•	0	4.1
FULL NAME OF				MARYL		BALTI	MORE(2122	7 53-00
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN Halethorpe D. INSIDE CITY LIMITS?							
, 1	ST AGNES	HOSPITA	\ L	XXXXX	XXXXXX		Y	ES N	0 🛛
40	CATON & W	/ILKENS	AVENUES	E. STREET AN	NUMBER				
10	BALTIMORE	, MARYL	AND 21229	1262	FRANCI	S AVEN	NUES		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR		9. AGE (In ye lost birthdoy)	eors I	f Under 1 Yr. Nonths: Days ! H	If Under 24 Hrs louis i Min.
MALE	WHITE	WIDOWED		11/25/		68	1,4	Tommis Days	
	UPATION (Give kind of work	108. KIND OF B	USINESS OR INDUSTR				- 1	12. CITIZEN OF W	HAT COUNTRY
	working life, even il retired)			1445141	4110				
Retired		ARMOUF	00 3 3	MARYL				U.S.	Α.
3. FATHER'S NA				14. MOTHER'S	MAIDEN NAA	Λt			
WILLI	AM Ogle			ISADO	DRE KIN	ISEY			
S. Wos Deceosed	Ever in U. S. Armed For	ces?	6. SOCIAL	17. INFORMAN	r			ADDRES	TON E
	(If yes, give wor at dote		SECURITY NO. 214-01-495	ST ACK	IES HOS	PITAL	RECO	RDS WIL	KENS AV
NO		4	CAUSE OF DEA		1103	TIME	ILLCOI		MATE INTERVAL
DISEASES OF THE UNDERLYING	1	sloting the	(B) ULY DUE TO, OR A	bris chr A CONSEQUEN Monon	s hi 'ce of:	Egh.	puna	<u>~</u>	
TO THE DEAT	FICANT CONDITIONS CO I'H BUT NOT RELATED TO T	HE TERMINAL							
U 19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198, CON		HICH OPERATION	20A. AUTOP	SY? (Yes or No	20B. IF YES	WERE FIN	DINGS CONSID	ERED
ET ()	WAS PER	FORMED		N/)	IN CERTIFY	ING CAUSE	S OF DEATH?	
218. PLACE OF INJURY (e.g., home, farm, foctory, street, etc.)				in ar about 21 C. V office bldg., INJUR	HERE DID Y OCCUR?	(If In	Boltimare C	lity, give exoct loc	cotion)
D 21 D. TIME	(Month) (Day) (Year)	(Hour) 21E. I	NJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?			
OF INJURY		While	At Not Wh	le 🖂					
		Work	L AI Work	ADDII 3'	1	-60	MAV	11	60
	that (IX (this haspital		14414 44	APRIL ZZ	7	19 68 ta	MAY		19 68
	lost saw the decease			19 68		at in ()(n)X) (c	our) apinia	in death accuri	red an the da
and hour on	d from the couses star	red above. (X)	(We) (did) (XXXXXX	view the bady	after death.				
23A. SIGNATI	RE	1					23	B. DATE SIGNED	
Dh.					Med.	Staff Phys.		5-12-6	18
23 C. PHYSICIA	N'S	-000	OEGREE	23D. ADDRESS		rnys.	1		
NAME (1	ype)					1 77 4	0.42000	0 141114	CNO MA
L	netur A	LBORRS	DEGRE	ST AGNE		'ITAL	CATON	& WILK	ENS AVE
24A. BURIAL CRE REMOVAL (24C. NAA	ME of CEMETERY OF C	REMATORY	24D. LO	OCATION	(City,	tawn, ar caunty)	(State)
Burial	5-15-19	68 Lo	udon Park Ce	emetery	Ва	ltimore	e, Mary	land	
2SA. DATE RECO		SB. NAME OF	and the same of th		AL DIRECTOR			ADD	2220
	ALV I A TAIL I	0 0 0 0	KE DELLA KAN	230, 101914	AL DIRECTOR			ADD	NC33
41	AT 14 1968 (Robert 8	Farkerta				4107 W:	ilkens Av	

VS 150-REV. 1/1/6B



If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS Charles W. Rites. 4505 Frederick Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacation) and that in (my) (aur) Eplnian death accurred an the date 23B, DATE SIGNED (Stote) (City, town, or county) written shows: Baltimore. Maryland Was ADDRESS G. Truman Schwab, 3512 Frederick Ave. Baltimore, Md. 21229 VS 150-REV. 1/1/68



pital and of death

contributing cause

0

if the direct

Also,

examiner.

death

or his assistant if death

hospital

Such

prior to death.

was in regular attendance on the

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on the deceased

at a hospital (except where the physician who pronounced

was D.O.A.

This certificate must be approved by the chief medical examiner

the body was released to the hospital by a medical

1		- 00	rogi	BALTIMORE CITY	HEALTH DEPARTMENT	1	-00 E	O OP
	227	2 68	- 503	CERTIFICA	TE OF DEATH	REG. NO	58- 5	U31
-	TH NO.	ASED H	RRY SIM	*****		AND HOUR OF DEATH		
	pe or Print)	44 44 42 A-Z-		Dalla - Jaca	2. 54.10	110/6X	10	:45A.
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PRONOUI	10	4. USUAL RESIDENCE (WI	here deceased lived. If in	stitution: residence	before odmission)
	FRTI	FICATE	AME	NDED	MARYLAND	ANNE AR	TEMORIT	52-0
HC	SPITAL OR	ADDRESS OR LOCA	AL OKTINSTITUT (TION)	5-21-68	C. CITY OR TOWN		DE CITY LIMITS?	0 0 0 0
IIN:	BALTI	ORE CITY HOS EASTERN AVENU	PITALS	2-51-00	SEVERNA PARK			МОМ
13	1				E. STREET AND NUMBER	- 70		
1	BALTI	MORE, MARYLAN	D 21224		RT 1,-BOX-08-	- Box 58	211/	.6
S. 5	SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Days	If Under 24 Hrs. Hours Min.
	MALE	WHITE	WIDOWED	DIVORCED	2-23-1948	20	111011113	
			108, KIND OF E	BUSINE'S OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF	WHAT COUNTRY?
don	LABORE	vorking life, even if retired)	Const	ruelin	MARYLAND		1	J.S.A.
13.	FATHER'S NAM		DICONO	4	14. MOTHER'S MAIDEN N			
		HARRY SI	MIMOIND	Comment	PLLI	RTLE GRAHAM		
15. (Ye:	Was Deceased	Ever in U. S. Armed Fore	s of service	SECURITY NO.	17. INFORMANT	A NORTH	ADDRE	SS
	116			10	RECORDS: BCH-49	40 EASTERN A	VENUE 21:	224
	18.	621	10	CAUSE OF DEAT	Н			XIMATE INTERVAL
	DISEAS	E OR CONDITION DIR	ECTLY 3	11-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		ONSET AND DEATH
		LEADING TO DEATH	31	S (A) IMMEDIATE CAL	PSE RHUMA	-Hecipian	TOU	
	heart failure,	al mean the made of asthenia, etc. Il means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF	E-WAY	INIT	
		plication which caused	death.)	700				
		ANTECEDENT CAUSES	E V	(B)				,
	rise la the	R CONDITIONS, if abave cause (A)	stating the	DUE TO, OK AS	A CONSEQUENCE OF:			
		CONDITION last.	3	(c)	******************************		~~~~~~~	
	E821.	4 11	3	0				
ATION	TO THE DEAT	CÁNT CONDITIONS CO! H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	HE TERMINAL	5				
EIC.	19A. DATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Ye) ar	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIL	DERED
ENTIEIC	Elsery	WAS PERF	Subder	und & curdent	YES	YES YES	USES OF DEATH?	
Ü	OR CONTRIBLE	TINGE CAUSE OF	// home.	LACE OF INJURY (e.g.,	in ar about 21C. WHERE DID	(If in Boltimar	e City, give exact le	ocotion)
A P	DEATH Inquity	medical exoniner /	aur) etc.)				00-	00
EDIC	21 D. TIME	(Month) (Doy) (Year)	200	NJURY OCCURRED	21F. HOW DIO I	NJURY OCCUR?	- 0.	
ME	(APPROX.)	m 1967	While	Not Whi	1º d Ska	dun 100	ugell	
	22. 1 certify	that (1) (this haspital			Nov 24	19 /7 to 1	77 10	1965
	-)ost saw the decease		A. Q. 10	19 61 and	that in (my) (aur) api	nlan death accu	
	and haur ond	from the causes stat	ed abave. (I)	(We) (did) (did nat)	view the bady after death	1.		
	23A SIGNATU	RE /7	1/1			(23 B. DATE SIGNE	9
	1/ ADI	14 2	111	DEGREE Phy	ending Med. pirectar	Staff Phys.	3/10/	5
	28C. PHYSICIA NAME (T)	N'S		DEGREEI		O EASTERN AV	ENUE	21224
	1101112 (1)	RON E. SMI	TH	MD.		RYLAND BALTI		

24A. BURIAL CREMATION,

24 D LOCATION

(Slote)

S

MAY 14 1968 NAME OF 9

CHUNERAL

DIRECTOR

(City, lown, or gounty) ADDRESS

VS 150-REV. 1/1/6B

Letter from Balto. City Hospitals 5-21-68 M.H.

68- 5038 BALTIMORE CITY HEALTH DEPARTMENT

DIE	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 5038
	NAME OF DECEASED	2. DATE Known K Month Day Year Hour
	pe or Print)	OF G
	WHITNEY AITCHESON	DEATH Estimated 5 8 68 11:00 am.
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD May 8 1968 11:00 at
OR	SPITAL ADDRESS OR LOCATION) INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	20	A. STATE B. COUNTY 74.
,	University Hospital	Maryland Manlgamery
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
_	MILLE	Laurel YES NO, X
9. 1	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	
1	d 24 1894 74	2400 Aitcheson Lane
11.	BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
	MHAT COUNTRY?	01+11+1
	Rame Mich USA	Robert Culchesan
	SUSUAL OCCUPATION (Give kind at work 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME
	wer-operator boarders stal	a Elementh Whites
	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT / ADDRESS,
(Ye	s, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	10. 11+1
	No 213-24-35	92 Juna alchesan Lainel Me
	19. = 807 V. L. 182 X CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	EODIVALOON	
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (A) MMEDIATE	CAUSE Bronchopneumonia complicating
	(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	injury or camplication which caused death.)	subdural hematoma
		bubdatat nematoma
	ANTECEDENT CAUSES (B)	A A CONCROURNER OF A CO
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
_	LINDERLYING CONDITION LAST	
ó	(c)	
Ē	E 90 H. O II	
O	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	name of prostate with metastagia
프	DISEASE OR CONDITION GIVEN IN PART 1 (A).	noma of prostate with metastasis
CERTIFICATION	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No.)
Ö		
¥	22A. EXTERNAL CAUSE WAS [22B. PLACE OF INJURY (e.g.	is as about 22C WHERE DID (It is Reltimore City, give exact legation)
O	UNDERLYING OR CONTRIB-	., in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation) ice bldg., etc.) INJURY OCCUR?
MEDI	UTING C CAUSE OF DEATH. Home	(45-09)
Σ	22D. TIME (Month) (Day) (Year) (Hour) 22E.3NJURY OCCURRED	22F. 246Word intightescon Lane
	(APPROX.) /4 29 68 2 WHILE AT NO	WORK Apparently fell at home
	(APPROX.) 4 29 68 ? m. WORK AT	WORK K Apparently fell at home
		utopsy X and that on this bosis, death in my opinion
	resulted from: Natural causesAccident XX Suici	ide Hamicide Undetermined monner
		CHIEF MEDICAL EXAMINER
1	ACTUAL A CALL LILE	DATE SIGNED
1	SIGNATURE MOLEN M.	D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Ronald N. Kornblum, M.D.	5-9-68
24	A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
RE	MOMAN Specify by from	1 1 1 m
	5-11-68 12 dence	als remalary Colman Marian My
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MAY 1 4 1000 A 0 0 0 To 10000	DeWitt Denaldson Funeral Home Laurel, Md.
	MAY 14 1908 Of Level & Carbeigha	Laures, Ma.
VS	151-REV. 1/1/6B N 852.0	

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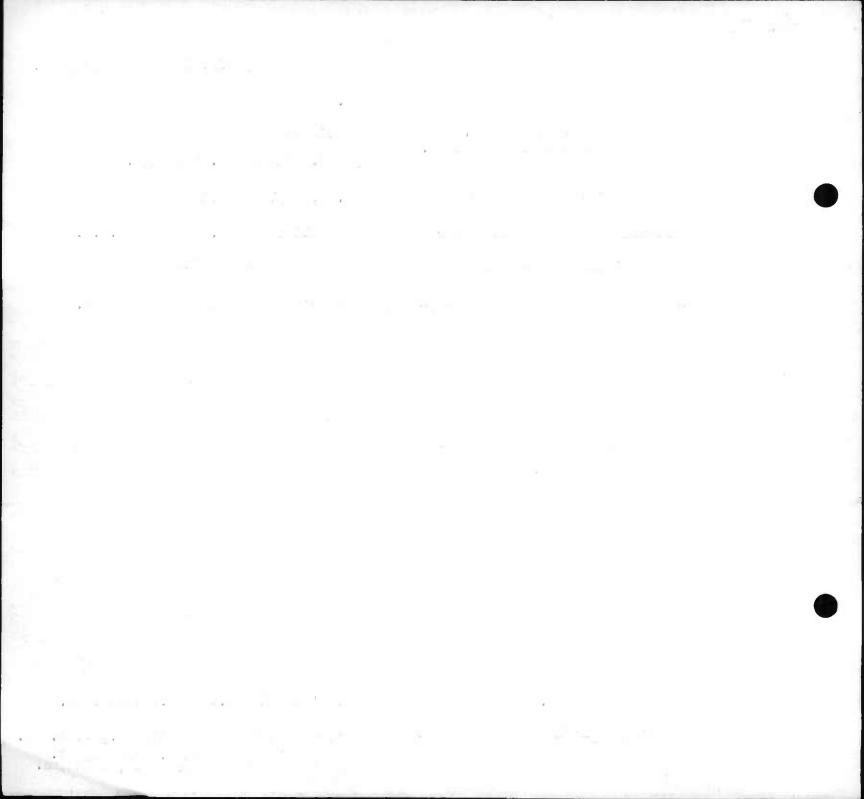
	ASED	TTAM GARGNEYT	2. DATE AND HOUR OF D	
PLACE OF DEA	W.L.L. TH IN BALTIMORE MA	LIAM ZAMENSKI	May 12,	
FULL NAME OF HOSPITAL OR INSTITUTION	509 S. M	or institution, give street ilton Ave. e , 21224 , Md.	Md.	write RURAL and give township)
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
Male	White	Married	Feb. 5. 1897 71	
	PATION (Give kind of wor orking life, even it relired)	10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLAČE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retir		Chauffeur	Baltimore . Md.	U.S.A.
FATHER'S NAM	E		14. MOTHERS MAIDEN NAME	, , , , , , , , , , , , , , , , , , , ,
	Michael Z	amenaki	Elizabeth Balo	per
. Was Deceased es, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or do)	rces? 1 6. SOCIAL es of service) SECURITY NO.	17. INFORMANT	ADDRESS
No		213-07-1134	Katherine Zamenski	Same.
1B. 4/	2.41	CAUSE	OF BEATH	
	OR CONDITION DI	RECTO TO THE	Taile Constici carlis	ONSET AND DEATH
	LEADING TO DEATH	dying, e DUE 10	Menorecerous cular	10-11/
DISEASES O	asthenia, etc. It means oblication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION lost.	ony, giving	rteriosclerotic cardis cular heart desease uta cerebral apople left.	ery 4 gra
422	/ 11	5 26		
J TO THE DE	ATH BUT NOT REL			
DISEASE OR	CONDITION CAUSING	IT.	[20A 41] 20B In vec	
19A. DATE OF	WAS PER	IDITION FOR WHICH TERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, VIN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING [TING CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID (If in Bo	Oltimore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not W		
22. Learnify	that (1) (this basnisa	1) attended the deceased from	Jan 1963	May 6x
320 . 6011117	last saw the deceas		The state of the s	apinion death occurred on the
that (I) (we)		ted abave. (I) (We) (4/4) (did nat		, aprillon dagrin occurred on the
			A LIGHT LINE DOU'N OTHER GEOTH!	
		/ / //		5-13-68

5-15-68 Sacred Heart Cemetery

tery 7401 German Hill Rd., Ba.Co., Md. 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.
MAY 14 1968 901 S. Conkling St. Baltimore, 21224, Md.

VS 150-REV, 1/1/65

Burial



68- 5040	BALTIMORE CITY	HEALTH DEPARTMENT	68	- 5040
BIRTH NO. 68 - 08/63	CERTIFICA	TE OF DEATH	REG. NO.	0040
Type or Print) BLAKNEY BABY-E	BOY	2. DATE AND	May 6. 186	8 8 55 px
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	A. STATE B. COUNT	Y /	-07
44 Welenion Memoria	1 1/1000	E. STREET AND NUMBER	D. INSIDE CI	A CHOLO
		23/1 Robe	Street AGE (In years If to	
KALI WIDOWED	DIVORCED	05-02-68	3 days Mon	nder 1 Yr. If Under 24 H ths Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU one during most of working life, even if retired)	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Tolling)	land 12.	Amer count
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	DA/2	,
5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	BLGRDLY	ADDRESS
18. 7 72.91	CAUSE OF DEAT	Mother	S	APPROXIMATE INTERVA
This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 198. CONDITION FOR WHI WAS PERSORMED	er, Enlenel	A CONSEQUENCE OF: WHO CONSEQUENCE OF: LINE PLUM 20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF Cetc.)	ACE OF INTURY (e.g., i form, foctory, street, of	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City,	give exoct location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. IN White (A PPROX.)	At Work		RY OCCUR?	
22. I certify that (I) (#ils hospital) attended the ather (I) (lost sow the deceased alive on)	W-06	19 P ond that	in(my) (our) opinion o	deoth occurred on the d
ond hour ond from the couses stoted obove. (1) (1) 23A. SIGNATURE		ending Med. S	haff hys. 1	5-06-196
PIUS Y. CHO MD.		23 D. ADDRESS THE UNION ME	MORIAL HOSP	ITAL
BURIAL CREMATION, 24B. DATE 24C. NAMI BEMOVAL (Specify) 5-11-68 M7	E OF CEMETERY OF CRE AUBIL REGISTRAR		CATION (City, tow	(State
MAY 14 1968 (Police 5 E) 150-REV. 1/1/6B	, Takey A.	ABSELM ISM	10-17 1 @ 37 / 4,	Choma vvisy

The second states of the Alexander of the same and the second of the second second second All of white . CONTINUES IN ACCOUNT OF A SECURITY OF THE SECU

	D-21/2 68- 504	BALTIMORE CITY	HEALTH DEPARTMENT		8- 5041
BIR	TH NO. 243	CERTIFICA	TE OF DEATH	REG. NO.	00 0041
1.1	De Shields Rol	pert R	2. DATE ANI	D HOUR OF DEATH	1 Am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COUNT	e deceased lived, If institution	residence before admission
II H	LL NAME OF (IF NOT IN HOSPITAL OR INSTITU OSPITAL OR ADDRESS OR LOCATION) STITUTION	TION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	LIMITS?
13	4940 Eastern Avenue	-1001	Baltimore	YES	NO
1	Saltmore, Maryland	2122 4	139 E. Pr	eston St. 21	202
5.	MARRIED WIDOWED	NEVER MARRIED X		ost birthdoy) 5 5 If Ur Month	der 1 Yr. If Under 24 Hrs. Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country) 12. C	ITIZEN OF WHAT COUNTRY
100	Faborer	?	Maryland		U.S.A.
13.	FATHER'S NAME	111	14. MOTHER'S MAIDEN NAM		
	Perry DEShi	Elds	Ma	occon CANE	
	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) ((If yes, give war or dotes af service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Records:BCH-4940	Eastern Avenue	3 21224
	18.	CAUSE OF DEAT	Ĥ		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ISE Septicemiz	(20)	
	(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	- () Derdanenis)	
	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	00E 10, 0K A3	A CONSEQUENCE OF		
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if ony, giving	(B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the UNDERLYING CONDITION tost.	on acute	Pulman Edema		
	5-28 V	(C)	·····		, 1
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDING CAUSES O	GS CONSIDERED F DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g.,	in at about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore City,	give exact lacation)
DIC		INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
×	OF INJURY (APPROX.) While World	e At Not Whi	le 🗍		
	22. I certify that (1) (this haspital) attended th			9 68 to 5/10	19 68
	that (1) (we) last sow the deceased alive on	e / a	1 11	ot in (my) (our) opinion d	
	and haur and fram the couses stoted obave.			or in (my) (our) opinion a	oom occomed on me da
	23A. SIGNATURE	(110)	The body offer deoms	23 B. D	ATE SIGNED
	B.D.Richman	M/I II BL.	ending Med. Director	Staff 5	/3/68
	23CTPHYSICIANS NAME (Type) R.D.R.L.L.L.	M.D.	23D. ADDRESS Bellower	City Hantal	7-7-00
24	A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City, town	n, ar caunty) (State)
2	UREMOMAL (Specify)	mt Don	Pom 1	Marion	md.
25.	A. DATE RECYD BY HEALTH DEPT. 258. NAME O	FREGISTRAR	25C NELAND RICTOR	ali lor	ADDRESS
	MAY 1 4 1968 12 0 4	2 Fallwar	Authorns (Ellerill re	P. W. MS
VS	150.05V 1/1/48	//	11.00.90	July July	que por

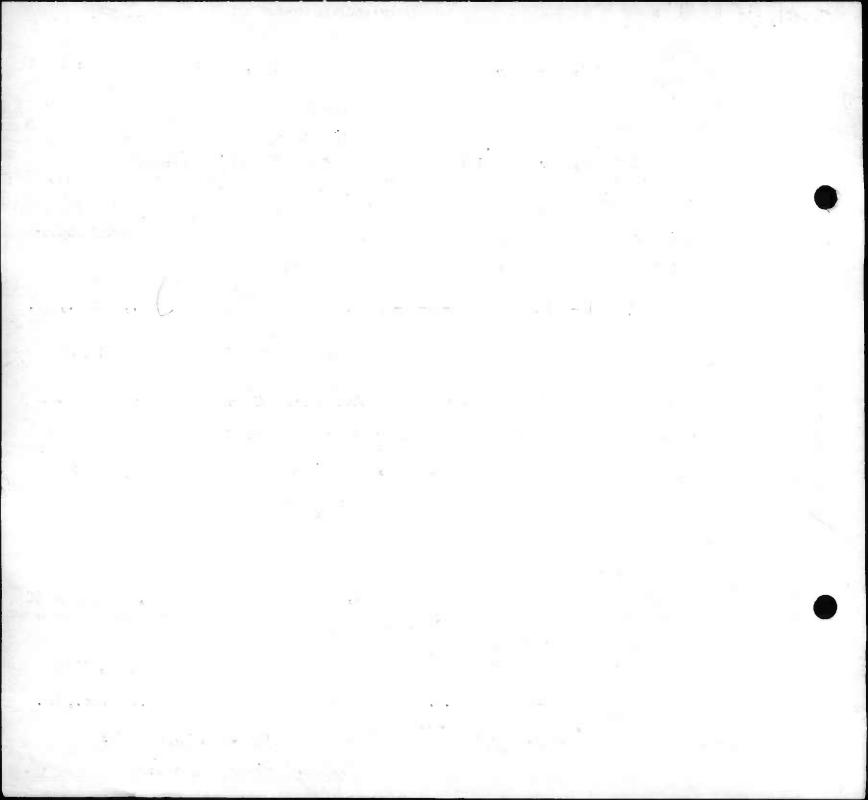
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 68-5042 CEDTIFICATE OF DEATH

REG. NO.	68	5042
		12.0

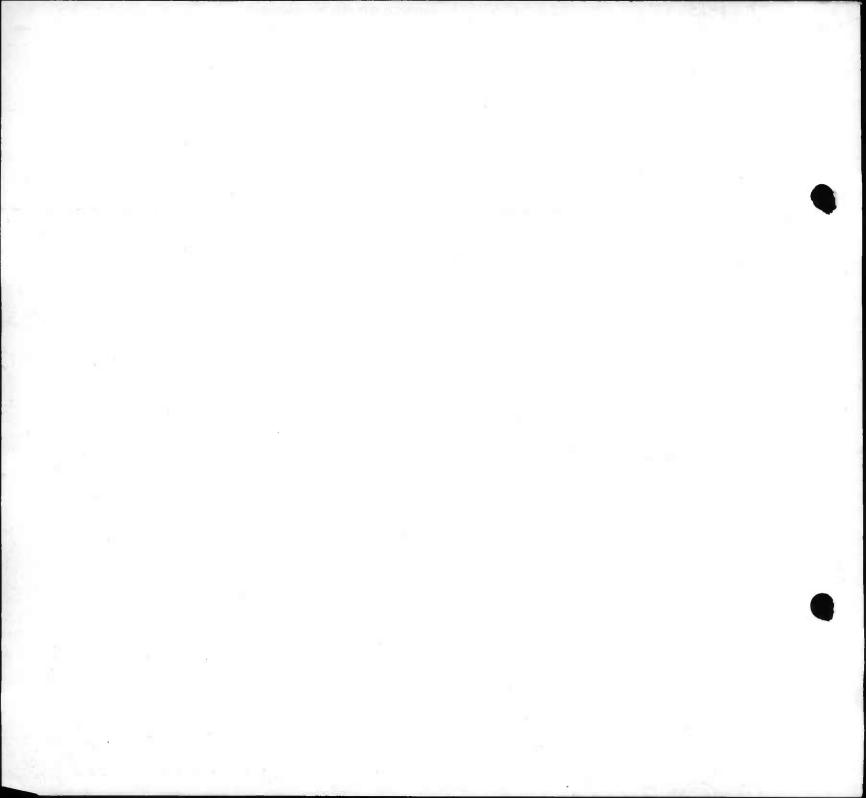
BIRTH NO.			CLKTITICA	IL OI D	LAII					
1. NAME OF ((Type or Print)		3 D				AND HOUR OF	DEATH	7	1:00	Δ
	Gray, Sa		INIGED DEAD	May 4, 1968 1:00 A			dmission			
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONO	JNCED DEAD	A. STATE	B. CO	UNTY	ved. If insti	nonon; resid	ence belote c	umis sion
FULL NAME HOSPITAL OR	ADDRESS OR LO	CATION)	UTION, GIVE STREET	Maryla c. CITY OR TOV	and vN	-	D. INSIDI	E CITY LIMIT	IS?	51
02	Veterans Admin		on Hospital	Baltimo	re		,	YES X	(No.	/ 1
4-	3900 Loch Rav		1040	E. STREET AND		38th	d	+		
	Baltimore, Ma			1	TE					
S. SEX	6. RACE		NEVER MARRIED	8/25/85	тн	9. AGE (In yellost birthday)	eors	If Under 1 Months Do	Yr. If Unde	Min,
Male	White	WIDOWED			151.1 1	82		10 CITIZEN	OFWHAT	COLLNITE
	of working life, even if refired		BOSINESS OK INDOSIKI	III. BIRIHPLACE	(21016 of 1	roreign country)		12. CITIZEN	OF WHAT	JOUNIK
Engine				Maryland	d			Unit	ed Stat	es
13. FATHER'S	NAME			14. MOTHER'S	MAIDEN I	AME				
Willi	am Gray			Anna H	unt					
S. Wos Deceo	sed Ever in U. S. Armed F	orces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	p	ecords		A	DDRESS	
Yes	4/25/18-4/1		214-01-52-19	Veteran		_	on Hos	BD. B	alto.	Md.
18. 14.	1231	.,, 00	CAUSE OF DEAT		- ashall			1 /	APPROXIMATE II	NTERVAL
DIS	EASE OR CONDITION I	DIRECTLY						BETT	WEEN ONSET A	NO DEATI
0.0	LEADING TO DEAT		AND MANAGORATE CAL	se Bron	chonn	emonia			1 Week	
	s nat meon the mode ure, osthenia, etc. It meo		(A) IMMEDIATE CAU	A CONSEQUENCE	OF:					
	complication which caus									
	ANTECEDENT CAUS	ES	(a) Conge	stive Hea	rt. Fa	ilure			4 Month	15
DISEASES	OR CONDITIONS, if	ony, giving	(B) Conge	A CONSEQUENC	E OF:	<u> </u>				
rise la	the obave couse (A		(c) Arter	necleroti	o Hea	wt Disease	7.0		20 Year	cs
	ring CONDITION lost,		(C)At	78746774	RRIL.Y.	1.4. 1/10/201	26			
TO THE D	INIFICANT CONDITIONS C		H/O CVA,	Ezotemia						
A DISEASE C	EATH BUT NOT RELATED TO OR CONDITION GIVEN IN P	ART 1 (A).								
19 A. DATE	OF OPERATION 198. CO	ERFORMED	WHICH OPERATION	20A. AUTOPS	Y? (Yes or	No) 20 B. IF YES	NERE FIN	SES OF DE	ONSIDERED ATH?	
U 21A. ACC	IDENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. W	HERE DIE) (If ir	Boltimore	City, give e	xoct locotion)	
	otify medical examiner)	etc.								
0 21 D. TIME			INJURY OCCURRED	21 F. He	OW DID	INJURY OCCUR	?			
(APPROX.)		Wh	ile At Not While	e 🔲						
22 1	tify that (I) (this haspi					10 68	May).	10	68
				-			_			
	we) last saw the decea						aur) apını	an death	accurrea an	tue dat
	and from the causes s	tated abave.	(We) (did) (did right)	iew the bady o	fter deat	th.	1,	23 B. DATE :	SIGNED	
23A. 519N	Jan 7	Muna	N/ M/D AH	nding M	led.	n Staff ₽	ľ			
K	oracho,	nura	DEGREE Phy	s. \Box D	irector L	Staff Phys.		May 4	, 1968	
23 C. PHYS	Gordon Mu	urray L	M.D.	Veterans	Admii	nistratio	n Hosi	o. Ba	lt b. M	ld.
24A. BURIAL	CREMATION, 248. DATE	/ 24C. N.	AME of CEMETERY OF CR			LOCATION		, town, or c		(Stote)
Bario 25A. DATE RE		68 M	t. Olive C	em.	AL DIREC	Pandalls	town,	Me	ADDRESS	
	MAY 1 / 1069	DO 5-	Q Falling	nk	1 -	1.6	1 0/ 1	lans)	
VS 150-REV. 1	MAI 1 * 1300	Ulakyeul	C. Mudday and	//m	f. of	verener	170	win		
v 3 130-KEV. 1	/ 1/00			V						



		BALTIMORE	CITY	HEALTH	DEPARTM
Run	5012				

PARIMENT		68	5043
DEATH	REG. NO		0010

BIRTH NO.	CERTIFICA	IE OF DEATH		
I.NAME OF DECEASED		2, DATE AN	ID HOUR OF DEATH	
(Type or Print)	1 = +		2 (8	7:50 AM.
JONEY, ROBERT 3. PLACE IN BALTIMORE MARYLAND, WHERE PRO		MA. USUAL RESIDENCE (Whe	re deceased lived. If inst	itution: residence before admission)
3. PLACE IN BALLIMORE, MARILAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	TY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. tNStD	E CITY LIMITS?
44		BALTIMONE E. STREET AND NUMBER	AVE.	YES NO
UNION MEMORIAL HOSE	24 7 6 /	518 CHESTMUT	4111	2,45,111,000
		·	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M W WIDOW	ED NEVER MARRIED DIVORCED DIVORCED		lost birthday	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		SOUTH CAROLI		CN.S.A
CONSTRUCTION WORKER		14. MOTHER'S MAIDEN NA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
TONEY, ROBERT LEE		ANNIE BUR	22	
15. Was Deceased Ever in U. S. Armed Ferces?	1 6. SOCIAL	17- INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service	se) SECURITY NO.			
	211151 01 011			APPROXIMATE INTERVAL
18.4/0,91	CAUSE OF DEAT	н		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0.	. /	
LEADING TO DEATH	(A) IMMEDIATE CAL	JSE Fulmman A CONSEQUENCE OF:	introlun	*********
(This does not mean the made of dying, e heart failure, asthenio, etc. II means the disea	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar complication which caused death.)				
ANTECEDENT CAUSES	Pula	mare aucholi 1.	le Venue	
DISEASES OR CONDITIONS, if ony, giv	(B) DUE TO, OR AS	many embali f	m rog viva	
rise to the above cause (A) stating	the 2	1:07.1	7	
UNDERLYING CONDITION Iosi.	(c) /My1	undial Infor	Cum	
420.1	-			
	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ΆΓ ·			***************************************
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or about 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct location)
U	21E. INJURY OCCURRED	21 F. HOW DID INJ	IIIPY OCCIIP?	
OF INJURY (Month) (Doy) (Year) (Hour)	White At Not Whi		OKI OCCOK:	
(APPROX.)	Work At Work			
22. I certify that (1) (this haspital) attended	ed the deceased from 4	- 23-68	19 68 to 5-	- 2 19 bt.
that (I) (we) last saw the deceased alive		10 68 -14		ian death accurred an the date
_			iat III(IIIy) (aut) april	ran death accorred an the date
and haur and from the causes stated above	e. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	10.7		/	23B, DATE SIGNED
Pull V. Alexander	.Z'4 Dhy	ending Med. Director	Staff Phys.	5-2-65
230. PHYSICIAN'S	GEGREE (11)	23D. ADDRESS		
NAME (Type)				
PAUL V. DESGUITAPO	DEGREE			
24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY or CR	EMATORY 24D. L	OCATION (City	, town, or county) (State)
Bury 575/18	Honost .	amoter V .	I proton fun	1 . Marchina)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTO	The many strict	ADDRESS A
		1.// 1	7, 1/ //	~ D/12



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

68	5044

BALTIMORE CITY HEALTH DEPARTMENT

TII REG. NO

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00	.)1144

		CERTIFICA	ALE OF DE	AIII				
			2	DATE AND HOUR OF DEA	тн			
Walter	McKenzi	e Sr.		5/12/68	5:25 p. M.			
E MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	NCE (Where deceased lived. I B. COUNTY	f institution; residence before ddmission)			
IF NOT IN HOSPIT	AL OR INSTITU	ITION GIVE STREET	Mary	land	· ·			
		THOM, OFFE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
			Baltimore YES X NO					
			E. STREET AND NUMBER					
IMORE GENE	RAL HOS	PITAL	121 E. Clement Street					
CE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
White	WIDOWED	DIVORCED	2/20/00	68				
	10B. KIND OF	BUSINESS OR INDUSTR		tote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	170.				TT C A			
ea	FU	rniture	14. MOTHER'S M	AIDEN NAME	USA			
**								
Harkness McKenzie				illiams				
S. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (II yes, give wor or dates of service) SECURITY NO.					ADDRESS			
No Second No.					Same			
LF I		CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
II T CONDITIONS CO	HE TERMINAL							
RATION 198. CON	DITION FOR	WHICH OPERATION		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
CAUSE OF	hom	e, lorm, foctory, street,	, in or obout 21 C. WH office bldg., INJURY	ERE DID (If in Bolt OCCUR?	imore City, give exact location)			
nth) (Doy) (Year)	Wh	ile At Not W	nile 🖂	W DID INJURY OCCUR?				
			5/12/68	19 to	5/12/68 19			
					opinion decin deconed on the date			
n the couses sta	ted obave. () (#e) (did) (dld not)	view the body oft	er deoth.	238, DATE SIGNED			
10	,07	Ann A	Hending ☐ Med	d. Staff				
n-cha-f	130	DEGREE P	nys. Dire		5/13/68			
0				3030 21 11 2				
JIUNN CHA	NG TZEN	G, M.D.		1213 Light S	treet			
	24C. N.			24D. LOCATION	(City, town, or county) (State)			
	8	Meadowridge		Dorsay	Md.			
					ADDRESS			
1 4 1069 /	1 0 B	J . f-a /2			E. Fort Ave			
	RE, MARYLAND, W IF NOT IN HOSPIT. ADDRESS OR LOCA CE White ON(Give kind of work g life, even if retired) The condition Dil DING TO DEATH BEAN HE MADE AS CEDENT CAUSES CONDITIONS, if DIVIDIONS, if DIVIDION LOSI. INTERNATION 1988. CON WAS PER TAS UNDERLYING CONDITION IN PAR RATION 1988. CON WAS PER TO (this hospital Sow the decesse methe couses sta	Walter McKenzi RE, MARYLAND, WHERE PRONOL IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION) PIMORE GENERAL HOS CE White WIDOWED ON (Give kind of work g life, even if retired) Fu CKENZIE in U. S. Armed Forces? es, give wor or doles of service) R CONDITION DIRECTLY DING TO DEATH tean the made af dying, e.g., pina, etc. It means the disease, tian which caused death.) CEDENT CAUSES CONDITIONS, if any, giving the only one cause (A) stating the ONDITION lost. IT CONDITIONS CONTRIBUTING I NOT RELATED TO THE TERMINAL ITION GIVEN IN PART I (A). RATION 1988. CONDITION FOR WAS PERFORMED TAS UNDERLYING CAUSE OF COLOR OF THE WHO WO PO (this hospital) ottended to sow the deceosed alive on the couses stated obave. (I JIUNN CHANG TZENI ON, 248, DATE J 5 68	Walter McKenzie Sre RE, MARYLAND, WHERE PRONOUNCED DEAD IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PARTIED NEVER MARRIED DIVORCED ON Give kind of work 108. KIND OF BUSINESS OR INDUSTR g life, even if retired) Partiture CKenzie in U. S. Armed Forces? EKenzie in U. S. Armed Forces? EKenzie in U. S. Armed Forces? EKenzie in U. S. Armed Forces? Partiture CAUSE OF DEA R CONDITION DIRECTLY DING TO DEATH Lean the made of dying, e.g., Inia, etc. It means the disease, Itian which caused death.] CEDENT CAUSES CONDITIONS, if any, giving Solve cause (A) stating the INDITION last. IT CONDITION SCONTRIBUTING T NOT RELATED TO THE TERMINAL ITION GIVEN IN PART 1 (A). RATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED AS UNDERLYING 1218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.) While At Not William Sow the deceosed alive on 5/12/68 In the couses stated obave. (I) (We) (did) (did not) LAST CHANG TZENG, M.D. OCON, 248. DATE 24C. NAME of CEMETERY of C. JUNN CHANG TZENG, M.D. OCON, 248. DATE 24C. NAME of CEMETERY of C. Meadowridge	Walter McKenzie Sr. RE MARYLAND, WHERE PRONOUNCED DEAD A. STATE MATY C. CITY ORTOWN Baltimot E. STREET AND P. 2/MORE GENERAL HOSPITAL CE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White Widowed DIVORCED DIVORCED 10. BIRTHPLACE (S. 11. BIRTHPLACE (S. 12. L. 12. L. 13. SOCIAL SECURITY NO. 14. MOTHER'S M. Mamnie W. Mannie W. SECURITY NO. RECONDITION DIRECTLY DING TO DEATH CONDITIONS, if any, giving sove cause (A) stating the consequence of the conseque	Walter McKenzie Sr. RE MARTIAND, WHERE PRONOUNCED DEAD IF NOT IN HOSPITAL OR INSTITUTION, GVE STREET A. STATE IF NOT IN HOSPITAL OR INSTITUTION, GVE STREET CODRESS OR LOCATION) PARTYLAND C.CITY ORTOWN Baltimore E. STREET AND NUMBER 121 E. Clement Street C.CITY ORTOWN Baltimore E. STREET AND NUMBER 122 C. JOO ORGIVA kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoke or foreign country) Portion of the street of the			



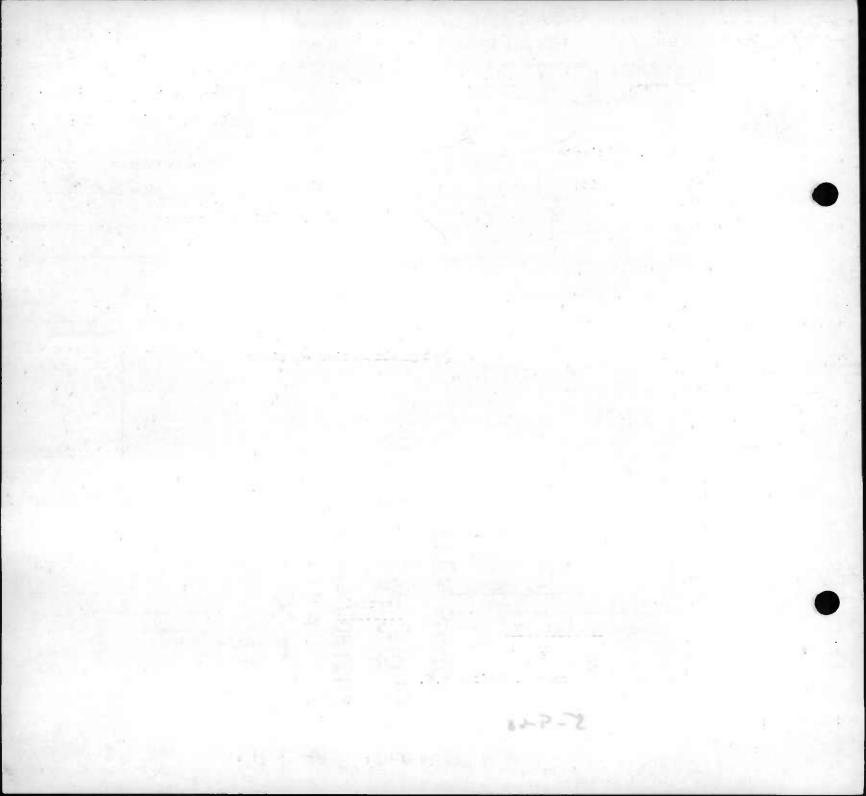
5-423

68- 5045 BALTIMORE CITY HEALTH DEPARTMENT

68- 5045

MEDICAL EXAMINER'	CERTIFICATE	OF DEATH REG NO
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BI	RTH NO.													
	NAME OF DEC			91	LCOT			2. DATE OF DEATH	Known D	Month April	Doy 29	1968		О Р.м.
$\overline{}$	PLACE IN BAL		RYLAND V			CED DEAD		3. DATE	A	Month	Doy	Yeo		I · M.
FU	LL NAME OF SPITAL INSTITUTION	(IF NOT		AL OR INST		GIVE STREET		PRONOL	INCED DEAD	April	30, 1	.968	12:3	32 Am.
0		. Balti	more (Street				A. STATE	SIDENCE (Where Land		B. COUN		ce before odm	ission)
6	SEX	7. RACE	more .					C. CITY OR			D INSID	E CITY LIMIT	52 60	
	ale		+0			IEVER MARRIE					D. 11431D			1
	DATE OF BIRT	whi	10. AGE (WIDOW		DIVORCE 1 Yr. If Under 2			Ltimore ND NUMBER			YES K	NO	-
	DAIL OF DIKE		fost birthd			Doys Hours							- In the second	
11	BIRTHPLACE (S	State or foreig	n country)		12. CITfZ	EN OF		13. FATHER	E. Balti	more S	treet			
			,,			T COUNTRY?		I. I. FAITIER	J 177.112					
	USUAL OCCU			14B. KIND	OF BUS	INESS OR IND	USTRY	15. MOTHER	S MAIDEN NAM	ΛE				
-	WILL DECE 4.5	CD CHED IN	I.C. ADME	FORCE	0 117	COCIAL		10 INTORA	AAIT			ADDRESS		
	s, no or unknown					SECURITY NO) .	18. INFORM	MANI			ADDRESS		
-	19.	1.9			-	CAUSE OF	DEA	TH					APPROXIMATE	
	DISEAS	E OR COND	ITION DIRE	CTIV									EIWEEN ONSEI	AND DEATH
		LEADING TO		CILI		Fatty (A)IMMED	Al	teratio	n of Live	r				
	heort foilure	ot meon the , osthenio, etc. nplication whic	It meons the	e diseose,				S A CONSEQ	UENCE OF:					
	injury or cor	inplication write	ii coosea de	o,										
		NTECEDENT				(B)) OP	AS A CONSEC	DILENCE OF					
	RISE TO THE	OR CONDITION	JSE (A) STA			DOL 10), OK	AJ A CONSE	DENCE OF:			77.0		
Z	UNDERLYIF	NG CONDITI	ON LAST.			(C)								***********
H	581.0		11											
CERTIFICATION	TO THE DE	ATH BUT NOT	RELATED TO	THE TERM								1.01		
RTI	20A. DATE OF	F OPERATION	_		FOR WH	CH OPERATIO	N W	S PERFORM	ED			21. AL	JTOPSY? (Yes	or No)
2	2													
¥	22A. EXTER	NAL CAUSE	WAS		22B. PL A	E OF INJURY	/(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimor	e City, give	e exoct locotio	Yes	
MEDICAL	UNDERLYING UTING CA	OR CON	TRIB-						VJURY OCCUR?					
Σ	22D. TIME		oy) (Yeo	r) (Hour) 22E.1	NJURY OCCU	RRED	2	2F. HOW DID IN	JURY OCCU	IR?			
	(APPROX.)				m. WHILE	AT		WHILE ORK						
	23.	: f al = a 1 l-	.1.1	Г	7		Pa	rtial.		in bests	d = 4b !-			
		ify that I he		nquiry L		spection		tapsy LK	and that an th				1	
	resul	ted from: N	atural cai	ses 🔼	Apelo	dent 🗆 /	Suicio		micide 🔲 CHIEF MEDICAL E	Undetermin	nea mann	er 🔛		
	ACTUAL SIGNAT		Usu	es L	1-1	1		ASSI	STANT MEDICAL E		X		DATE SIG	SNED
	EXAMIN NAME (ER'S	Werne	r U.	Spizz	, M.D.	>		CIATE MEDICAL E	XAMINER V DO		OE M	4/30	/68
	A. BURIAL CRE	MATION, 2	4B. DATE		24C. N	AME of CEME	ETERY	or CREMATO	RY 24D.	COCATION	(City,	town, or cou	nty) (\$	tote)
RE	MOVAL (Speci	ify)	5-9	1-68					INIVERS	ITY A	AEDI	CAL	SCHOO	L
25	A. DATE REC'D	BY HEALTH	DEPT.			REGISTRAR		25C.	UNERAL DIRECTO	DR CI	EDVI	ADDRESS	BCHD	
	1	BAY 1 A	1968	12.00	608	estable	PLAN	0 3	ranthy	W1 21	LIK VI	OL -	DATE	
VS	151-REV. 1/1/6	B												1



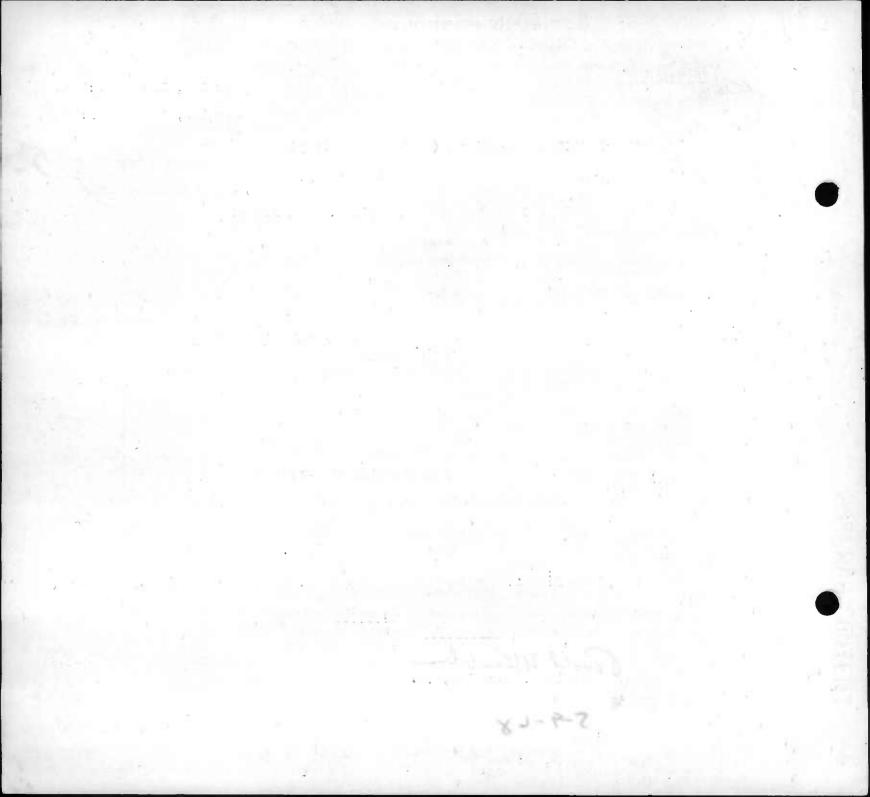
P-425

VS f51-REV. 1/1/6B

68-5046 Baltimore CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL		CERTIFICATE	OI DEATH,

BIR	TH NO.		MED	ICAL	EX	AMINER'S	ERTIFIC	ATE OF	DEATH	REG. NO.	68-	5046
1.	NAME OF DEC	EASED OHN				PAULSON	2. DATE OF DEATH	Known Estimated	Month Apri	1 7, 19	Yeor 68	5:20 A M
FUI	L NAME OF SPITAL INSTITUTION					UNCED DEAD N, GIVE STREET	3. DATE PRONOUN	ICED DEAD	Apri:	1 7, 19	Year 68	5:20 A
OK	INSTRUTION	CHURCH	HOME .	AND H	OSP	ITAL (DOA)		laryland		. COUNTY	residence	before odmission)
	ale	7. RACE Whi	te	B. MARR		NEVER MARRIED DIVORCED	c. city or to Balti			D. INSIDE CIT	s	NOT
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min			713 S.	Bond Str	eet							
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S	NAME			No.					
	.USUAL OCCU e during most of w			14B. KIND	OF BI	USINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	ΛE			
	WAS DECEAS s, no or unknown)					17. SOCIAL SECURITY NO.	18. INFORMA	NT		AC	DRESS	
NOI	(This daes n heort foifure injury or con At DISEASES (RISE TO THI	E OR COND LEADING TO of mean the on sthenio, etc plication whin NTECEDENT DR CONDITI E ABOVE CA NG CONDIT	D DEATH made of dy . It means the ch caused dec CAUSES ONS, IF ANY USE (A) STA'	ing, e.g., diseose, oth.)		(B) DUE TO, OR	Soot Inh ion AUSE AUS A CONSEQUE	ENCE OF:			BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
CERTIFICATION	TO THE DE	ATH BUT NOT	RELATED TO	THE TERM	INAL	Arterios	clerotic	Cardiov	asculai	Diseas		
	20A. DATE OF	OPERATIO	20B. CO	NOITION	FOR V	VHICH OPERATION W	AS PERFORME				21. AUT	OPSY? (Yes or No) Yes
MEDICAL	UNDERLYING UTING A CA 22D. TIME OF INJURY (APPROX.) 23. I cert resul ACTUAL SIGNATI EXAMIN NAME (1)	USE OF DEA (Month) (1) 4 7 ify that I h ted from: N URE	eld on I loturol cau	nquiry [m. Wi	Inspection Au coldent Suicio L M.D blum, M.D	WHILE SU VORK SU Topsy ASSIST ASSOC	HOW DID IN. bj. died ond that on the control of the	in hou in bosis, of Undetermine EXAMINER EXAMINER	eet 2 R? Ise fire deoth in my ed monner	opinion	DATE SIGNED 4-8-68
	A. BURIAL CREA MOVAL (Speci		5-9	-69	240	NAME of CEMETERY	U	NIVERS	ITY A	AEDICA	IL S	SCHOOL (SIGNE)
25	A. DATE REC'D		1968	25B. N	IAME (E TOWER MA	25C. FU	ORTUA	RY SE	RVICE	DDRESS	BCHD



P-453

68- 504'7 BALTIMORE CITY HEALTH DEPARTMENT

68- 5047

BIRTH NO.	WE	DICA	L EXAMINER'S	CEKTIFI	CATE OF	DEAT	H REG. NO.			2.4
	RUSSELL POL		POLING	2. DATE OF DEATH	Known Estimated	Month Apri			8:57	P. M
FULL NAME OF	(IF NOT IN HOSP	TAL OR IN	STITUTION, GIVE STREET	3. DATE PRONO	UNCED DEAD	Apri 1	18, 1	968	8:58	3 P. M
can in the B	ALTIMORE CI	YJAI	INDED-/1/7		esidence (where		ed. If institution B. COUNTY	: residence	before odm	ission)
6. SEX	7. RACE	B. MAR	RIED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS		A
Male	White		WED DIVORCED	Balti	more		VE	ES 🗍 (No 🗆	
9. DATE OF BIRT	TH 10.AGE	(In veors	If Under 1 Yr. If Under 24 Hrs.		AND NUMBER			-3 -		
4/ 26/19	16	loy)	Months, Doys, Hours, Min.	409	N. Bradfo	rd Stre	eet			
	State or foreign country		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME		6		198	
	JPATION (Give kind of wo		D OF BUSINESS OR INDUSTR	Y 15. MOTH	R'S MAIDEN NA	ME				
16. WAS DECEAS (Yes, no or unknown	SED EVER IN U.S. ARM	ED FORCE	ES? 17. SOCIAL SECURITY NO.	18. INFOR	MANT		Al	DDRESS		•
119. 11 1	0.14		CAUSE OF DEA	ATH					PPROXIMATE	
7/	X1. 71								WEEN ONSET	AND DEAT
DISEA	SE OR CONDITION DII LEADING TO DEATH	RECTLY	Arterios	cleroti	c Cardiova	ascul#	Diseas	e		
(This does	not meon the mode of	dying, e.g.	(A)IMMEDIATE	AS A CONSE						
heort foilure injury or co	e, osthenio, etc. It meons mplicotion which caused o	he diseose leoth.)	•							
	NITECEDENIT CALIFEE									
DISEASES	OR CONDITIONS, IF A	NY, GIVIN	G (B)	AS A CONSI	QUENCE OF:					
UNDERLYI	IE ABOVE CAUSE (A) S NG CONDITION LAST		E							
Z Z			(C)				·			
O TO THE DE	NIFICANT CONDITIONS TATH BUT NOT RELATED R CONDITION GIVEN IN	O THE TER	MINAL	A-0,000 w 0 / / / / / / / / / / / / / / / /					***********	
20A. DATE O			N FOR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	OPSY? (Yes	or No)
ਹ									Yes	
UNDERLYING	RNAL CAUSE WAS		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	, in or obout ce bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exc	et location)		
22D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	ear) (Ho		T WHILE	22F. HOW DID IN	JURY OCCI	JR?			
23.			m. WORK AT V	WORK						
1 cer	tify that I held an	Inquiry	Inspection Au	otopsy X	and that on t	his basis,	death in my	opinion		
resu	Ited fram: Natural c	uses X			amicide 🗌	Undetermi	ned manner			
		4 0	1, 1		CHIEF MEDICAL	EXAMINER				
ACTUA		12	1 Vanto	ASS	ISTANT MEDICAL		x		DATE SIG	GNED
SIGNAT EXAMIN NAME (NER'S Rona	ld N.	. Kornblum, M.D.	-	OCIATE MEDICAL I		LRD OF	3 M A	-19-68 RVI	BND
24A. BURIAL CRE	MATION, 24B. DATE		24C. NAME of CEMETERY	ar CREMAT	ORY 240.	COCATION	(City, town	n, or county	1) (5	tote)
REMOVAL (Spec	5-	7-65	r l		UNIVERS	ITY N	MEDICA	IL S	CHOQ	L
25A. DATE REC'E	BY HEALTH DEPT.	25B.	NAME OF REGISTRAR	25C	FUNERAL DIRECT	OR	A	DDRESS		
	and another	00	a C TA Danger	M	ORTUAR	Y SF	RVICE	- RO	CHD	

1/7/71- Record from Baltimore City Jail dated 1/6/1971 signed by Joseph A. Dougherty, Records Officer.

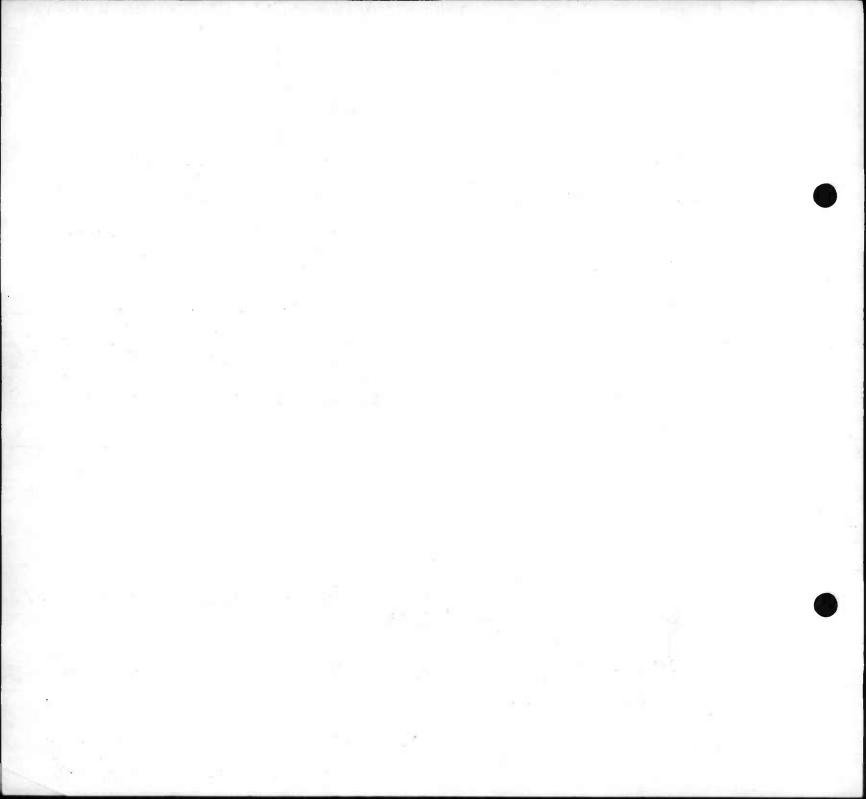
T- Telli

A-1-5

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in capital (except where the physician who pronounced death was in referred attendance on the last of the last of the last of last of

	20_			E OF DEATH	ALC ALC	
BIRTH NO.	00.	5048 c	ERTIFICAT	E OF DEATH	REG. NO	68- 5048
NAME OF	DECEASED			2. DATE AN	D HOUR OF DEAT	Н
Type or Print)	Rose E	Floret		51	9/18	
O BLACE IN	BALTIMORE, MARYLAND, WI		DEAD		re deceased lived. If	institution: residence before admiss
3. PLACE IN	BALLIMORE, MARILAND, WI	TERE PRONOUNCED		STATE B. COUN	ITY	. 0
FULL NAME	OF (IF NOT IN HOSPITA	L OR INSTITUTION, C	GIVE STREET	Marilland	Balti	mor6303-00
HOSPITAL OF	ADDRESS OR LOCA	TION)		CITY OR JOWN		ISIDE CITY LIMITS?
40				Arbutus		YES NO 🔀
		1	E	STREET AND NUMBER	•	
54.6	anes Hospi	to 1		4802 Benso	on Ave.	21227
. SEX	6. RACE	MARRIED NEV	ED MADDIED B.	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 I
ban i		WIDOWED	DIVORCED	1/17/12	tast birthdoy)	Months Doys Hours Min
cma/ Y	CCUPATION (Give kind of work)			RIPTHPI A CE /State of face	65	12. CITIZEN OF WHAT COUN
	st of working life, even if retired)	IUB. KIND OF BUSINE	33 OK 114DO31K1	. BIKITITEACE (Stole of tore	ign country/	
House	ework	Own Ho.	me	Maryland		4.5A.
3. FATHER'S				MOTHER'S MAIDEN NA	ME	
F 1	. 17 1			1 000 1	2111	
109	ar Deach	-9 57	100		ove	ADDRESS
Yes, no or unkr	osed Ever in U. S. Armed Forcown) (If yes, give wor or dotes	of service) 1 6. SOC	URITY NO.	· INFORMANT		ADDKE22
NO			1	PINNKEFI.	ert 4802	2 Benson Ave
1B. / /	10.9	C	AUSE OF DEATH	14111 - 219	2	APPROXIMATE INTERVA
011	EASE OR CONDITION DIR	CTIV	(200	2 0 1/	BETWEEN ONSET AND DE
DI:	LEADING TO DEATH			111.		
(This do	es not mean the mode of	dvina e.a (A) IMMEDIATE CAUSE	CONSEQUENCE OF:	a gran	celled
heort foil	ure, osthenia, etc. It meons		DUE TO, OK AS A C	LONGEQUENCE OF:		
injury or	complication which caused			-		
injury or		deoth.}	. (ulmose	luna	
	complication which caused	deoth.)	B)	CONSEQUENCE OF:	luna	<u>S</u>
DISEASE rise to	ANTECEDENT CAUSES S OR CONDITIONS, if a The obove cause (A)	deoth.) ny, giving stating the	DUE TO, OR AS A		lura	<u> </u>
DISEASE rise to	ANTECEDENT CAUSES S OR CONDITIONS, if a	deoth.) ny, giving stating the	B) DUE TO, OR AS A		luos	<u>S</u>
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DISEASE rise to UNDERL	Complication which caused ANTECEDENT CAUSES S OR CONDITIONS, if a the obove cause (A) YING CONDITION last. O, /	deoth.) ny, giving stating the (DUE TO, OR AS A		luos	S
DISEASE	Complication which caused ANTECEDENT CAUSES S OR CONDITIONS, if a line obove cause (A) YING CONDITION last. O / SHIFICANT CONDITIONS CON DEATH BUT NOT RELATED TO TH DR CONDITION GIVEN IN PART	deoth.) ny, giving stating the (ITRIBUTING E TERMINAL I (A).	C)		luos	<u>S</u>
DISEASE	Complication which caused ANTECEDENT CAUSES S OR CONDITIONS, if a the obove cause (A) YING CONDITION last. O, / II SNIFICANT CONDITIONS CONDEATH BUT NOT RELATED TO THO R CONDITION GIVEN IN PART OF OPERATION [198, COND.]	ny, giving (stating the ITRIBUTING E TERMINAL I (A).	C)		208, IF YES, WER	E FINDINGS CONSIDERED
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VS 150-REV. 1/1/68

REG. NO. CERTIFICATE OF DEATH Deceased Such death BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) 0 hospital death. of 4. USUAL RESIDENCE (Where deceased lived Al institution: residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS determined cause; attend 0 O prior E. STREET AND NUMBER contributing occurred made regular 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Days · MARRIED NEVER MARRIED deceased last birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHP ar fareign country disposition done during most of working life," even if retired) Š Mas 13. FATHER'S NAME he 14. MOTHER'S MAIDEN NAME 4 U O eath 15. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. ce attendan any OF CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF bal heart failure, asthenia, etc. It means the disease, 9 injury or camplication which caused death.) 5 E ANTECEDENT CAUSES × ho 0 9 are OR AS A DISEASES OR CONDITIONS, if any, ta the abave cause (A) stating the physician UNDERLYING CONDITION last. before the remains MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar Na) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., NJURY OCCUR? OR CONTRIBUTING CAUSE OF U (If In Baltimore City, give exact location) where hospital °Z etc.) DEATH (natify medical examiner MEDI brained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY Nat While (except While At (APPROX.) Wark At Wark and o the any 22. I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on eath) ō hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Staff Med. 40 Phys. Director Phys. approval O 23D. ADDRESS 23C. PHYSICIAN'S prior NAME (Type) at E GEGREE 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY of CREMATORY DATE 24D. LOCATION eceased 0.0 REMOVAL (Specify) the body written shows: 12 5 Was 25C. FUNERAL DIRECTOR 25A. DATE RECID

BALTIMORE CITY HEALTH DEPARTMENT

NO

Haurs

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

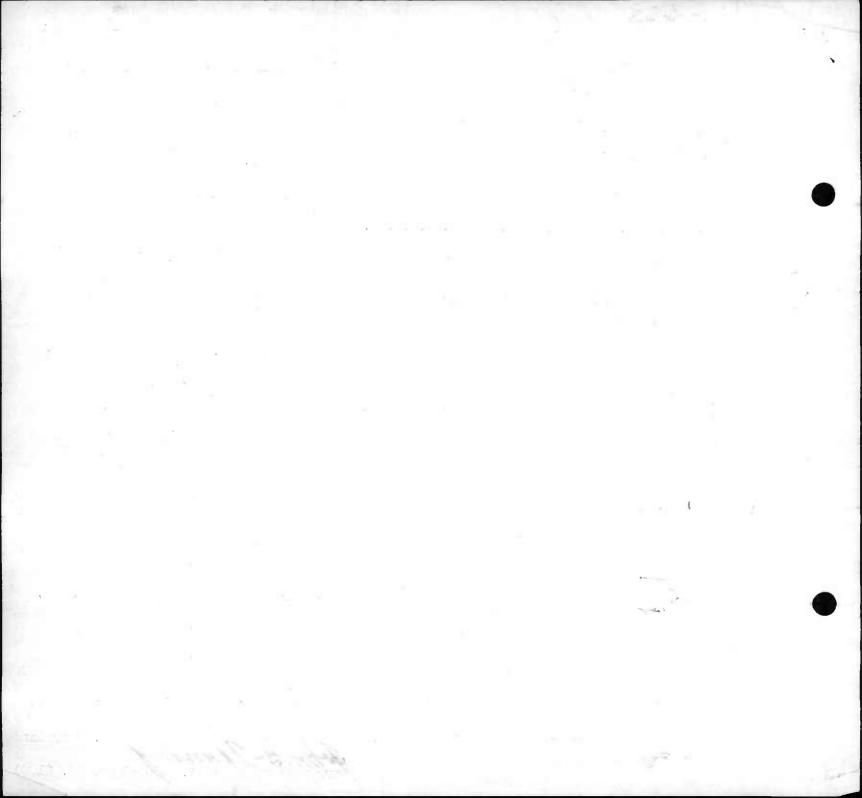
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If Under 24 Hrs. Haurs Min.

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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 WILBERT 0 hospital 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD deat ance (5) Harford cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET **FULL NAME OF** HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? cause; attend 0 WINERSITY YES NO prior E. STREET AND NUMBER Box 44 contributing COUR (4) Undetermined is made regular 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED eceased Hours lost birthday WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S Govt. A.P.G.Md. HEATINZ ENGINEE Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRIENT TACIA death LO 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 16. SOCIAL 17. INFORMANT final (Yes, no grunknown) (If yes, give wor or dotes of service) SECURITY NO. 20-03-7491 attendance any CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH pronounce 50, DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF bal heart failure, asthenio, etc. It means the disease, Uar injury or complication which coused death.) еш ANTECEDENT CAUSES who 0 DUE TO, OR AS A CONSEQUENCE re are 4 DISEASES OR CONDITIONS, if any, giving the obove couse (A) stoting the physician UNDERLYING CONDITION lost. the remains Was 11 81.1 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body U 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF No before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital MEDICAL o Z DEATH (notify medicat examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved Not While (except While At (APPROX.) Work At Work and to the 9.30 ac any 22. I certify that (1) (this haspital) attended the deceased from 11/19 68 that (1) (we) last saw the deceased alive an. and that in (my) (our) apinion death accurred an the date be 0 death) hospital and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. must accident 23 B. DATE SIGNED 23A. SIGNATURE Attending ___ Med. Staff 0 Phys. Director L approval 0 23D. ADDRESS prior 23C. PHYSICIAN'S at NAME (Type) An 4 24A. BURIAL CREMATION, 24B. DATE deceased D.0. the body REMOVAL (Specify) written shows: 5-15-68 Harford Memorial Gardens Aherdeen (Harford Co. Maryland Burial 25C FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Was Funeral Home. Merdeen. Md. VS 150-REV. 1/1/6B



1	BALTIMORE CITY H	HEALTH DEPARTMENT	6	8 5
68- 5051 BIRTH NO.	CERTIFICAT	E OF DEATH	REG. NO.	00
BIRTH NO. 1, NAME OF DECEASED		DATE AND	HOUR OF DEATH	
The state of the s	ADETH			
	ABETH	5/11		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE (Where A. STATE 8. COUNT		on: residenc
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	, GIVE STREET	MARYLAND		
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
ST AGNES HOSP		BALTIMORE (O YES	
WILKENS & CATON AVES		E. STREET AND NUMBER		
BALTO MD 21229		924 WILTON	DR	
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done during most of working life, even if retired)				
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13. FATHER'S NAME	1.	4. MOTHER'S MAIDEN NAM	E	
DAVID REXXERER Pfiefer	N	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	a A. Bish	
	SECURITY NO.	7. INFORMANT		ADDR
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LEADING TO DEATH	CARAGONATE CATTO			
(This does not mean the mode of dying, e.g.,	DUE TO, OR AS A	CONSEQUENCE OF:		
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)				
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	(B)	CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	DUE TO, OR AS A	CONSEQUENCE OF:		
UNDERLYING CONDITION Iosi.	(c)	***************		
3.3 / X II				
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O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONS
1994. DATE OF OPERATION 198. CONDITION FOR WHICE		NO .	IN CERTIFYING CAUSES	OF DEATH
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OR CONTRIBUTING CAUSE OF home, for DEATH (notily medical examiner)	rm, foctory, street, offic	ce bldg., INJURY OCCUR?		
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			intaly) (dur) apinian	dediu acc
ond hour and from the causes stated above. (1) (We	e) (did) (dtd nat) vte	ew the bady after death.		
23A. SIGNATURE GALLYINA DIA	105	police and the second		DATE SIGN
her ade 120	Attend	ding Med. Director	Staff Phys.	5/11/
23C. PHYSICIAN'S	// UEGREE	3D. ADDRESS		
NAME (Type) GEORGE AN	VG0V	ST AGNES HOSP	. WILKENS &	CATO
	OF CEMETERY OF CREM		-	wn, or coun
24A BUBIAL CREATATION 240 DATE 124C MANAGE			CAHOR ICITY, 10	WILL OF COUN
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME	Of CENTEREN OF CREIT	290	O Taylor Avenu	ie
REMOVAL (Specily)			O Taylor Avenu Itimore County	y, Mar
REMOVAL (Specily)	land Memoria	25C. FUNERAL DIRECTOR	O Taylor Avenu ltimore County bard, 4107 Wil	y, Mar

VS 150-REV. 1/1/68

68- 5051

If Under 24 Hrs. Hours Min.

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL

titution: residence before admission)

DE CITY LIMITS? YES _ NO

ADDRESS & CATON AVES

BETWEEN ONSET AND DEATH

INDINGS CONSIDERED City, give exoct location)

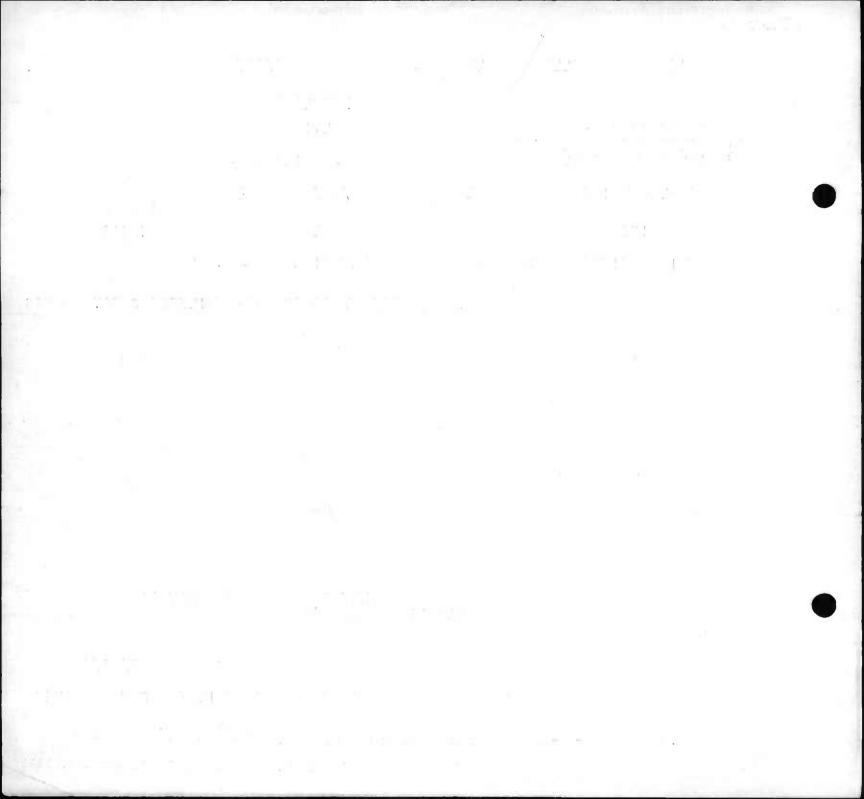
> 68. ian death accurred on the date

> > 238, DATE SIGNED 5/11/68

& CATON AVES y, town, or county)

enue Baltimore County, Maryland

Howard H. Hubbard, 4107 Wilkens Ave. 21229



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	pproved by the chief medical examiner or his assistant if death occurred in a hospital and	o the hospital by a medical examiner. Also, if the direct or contributing cause of death	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	s obtained before the remains are embalmed or final disposition is made.
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BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? If Under 1 Yr. If Und 5. SEX 6. RACE 9. AGE (In years If Under 24 Hrs. MARRIED NEVER MARRIED Months Doys lost birthdoy) 7-29-86 WIDOWED DIVORCED CCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Housewife 13. FATHER'S NAME Buck Haura 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL Eric Barthree, 600h Mannington Avenue (Yes, no or unknown) (If yes, give wor or dotes of service SECURITY NO. 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENC heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving In the obove couse (A) stoting the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING Ū (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify modical 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While (APPROX.) At Work 22. I certify that (this hospital) attended the deceased from... 6. Cond that in (our) opinion death occurred on the date that (we) lost saw the deceased alive on, ond hour and from the causes stoted above. (1) (did) (did) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Shaff Attending Med Director ___ Phys. 23C. PHISICIAN 23D. ADDRESS NAME (Type) 24A, BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Parkwood Cemetery 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/68

Lassahn Funeral Home 7401 Bel air Roa

Letter from Md. Gen'l. Hospital 5-24-68 M.H.

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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

68- 5	5053 BALTIMORE CITY	HEALIH DEPAKIMENT		00 5050
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	68- 5053
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) ROBINSON,	RUTH N.	MAY	10, 1968	1:50 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed tived. If in TY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR 1 HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	21	116 53-44 DE CITY LIMITS?
NOITUTITZNI		OELLA Ba	24 C D. 11951	YES NO
ST AGNES HOSPI	TAL	E. STREET AND NUMBER		
710			VENUE	
EEMALE VILLEE	RIED NEVER MARRIED DIVORCED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN				12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	(D') 441	MARYLAND		USA
3. FATHER'S NAME	S. Dickey Mill	14. MOTHER'S MAIDEN NAM	ΛE	
GILBERT GRADY	,	ETHEL BROWN	J	
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	4	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	010 00 (16)	CT ACNES DE	CODDC MILLY	THE C CATON AVEC
11B	213 09 6160 CAUSE OF DEAT		CORDS-WILK	APPROXIMATE INTERVAL
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(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUF TO OR AS	A CONSEQUENCE OF:	/	
injury ar camplication which caused death.)		2000	1 the Con	a CMa
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	1000	0 /. 00
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating	1	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(C)			
z 153,8 II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A).				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		YES	IN CERTIFFING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o elc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exoct locotion)
21D.TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work			
22. I certify that (IX(this haspital) often			19 68 to MAY	10. 19 68,
that (N (we) last saw the deceased alive		19 6.8 and th		nian deoth occurred on the dote
and hour and from the causes stated abo				
23A. SIGNATURE	700 04 () (212) (444 444)	Trew rite body offer decision		238. DATE SIGNED
Comments Mil	nt.	ending Med. Director	Staff Phys.	5/11/07
23C. PHYSICIAN'S DAYMOND D. P.	UEGKEE	23D. ADDRESSST AGNE	S HOSPITA	L-CATON & WILKEN
NAME TYPE RAMOND), 130 HR	AVE BALTO HO	1212/29	
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	ity, town, or county) (Stote)
REMOVAL (Specify) 5-13-68	Good She Phe	ed [=//	1 coll City	nnd
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	7	ADDRESS
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	

VS 150-REV. 1/1/6B

BIRTH NO.			CERTIFICA	TE OF D			
(Type or Print)					2. DATE AND	HOUR OF DEATH	
	Elsie Lor			TA HELIAL BEST	May 1	3, 1968	wtion; residence before odmission)
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	B. COUNTY	deceased lived. If Instit	ulion, residence before dumission.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA		UTION, GIVE STREET	C. CITY OR TOW	rland VN	D. INSIDE	CITY LIMITS?
A 6	1614 Cypre	ss Stree	et	Baltimo		Υ	ES NO
00	Baltimore,			E. STREET AND		0.	***
5. SEX	6. RACE			B. DATE OF BIRT	Cypress		226 If Under 1 Yr. , If Under 24 Hrs.
Female	White	WIDOWED	NEVER MARRIED DIVORCED	1	los	t birthdoy)	Aonths Doys Hours Min.
	CITE OF		BUSINESS OR INDUSTRY	Jan. 24,		country)	12. CITIZEN OF WHAT COUNTRY
done during most of	working life, even il retired)			101	more, Ma		U. S. A.
House				14. MOTHER'S			0. D. A.
13. FATHER'S NA							
	L. Griffith				leveland	<u> </u>	
(Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	ces? is of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
No				Mr. Rol	and M. U	Jpton 1614	Cypress Street
1B.	6.9		CAUSE OF DEAT	Н			BETWEEN ONSET AND DEATH
heori failure injury or co DISEASES rise to th	nol meen the mode of , osthenio, etc. Il meens mplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION lost.	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE	OF:	en lar acced	-
O THER SIGNI	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL					
19A. DATE O	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPS		20B. IF YES, WERE FIN IN CERTIFYING CAUS	
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medicol exominer		R. PLACE OF INJURY (e.g., ne, form, foctory, street, o			(If in Baltimore C	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		. INJURY OCCURRED sile At Not Whi ork At Work	le 🗆	OW DID INJUR	RY OCCUR?	
that (I) (we	MEN JOH	ted above. (1) (We) (did) (did not)	ending MD AMD MODESS	ifter death.	In(my) (our) apinio	on death occurred on the date SIGNED
24A. BURIAL CR REMOVAL Buria			AME of CEMETERY of CR	EMATORY	24D, LOC		town, or county) (Stote)
	D BY HEALTH DEPT.		OF/REGISTRAR	25C. FONER	AL DIRECTOR	ie, Highway	A. A. Co. Md.
A	MAY 14 1968	Rent	2, Farley MA	mecu	- 11	237 Patapse	o Ave. 21225

e mo _{le} . , 1 5

68- 5055 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. 68- 5055
NAME OF DECEASED THOMAS JOSEPH RASINSKI	2. DATE Known & Month Day Year Hour OF DEATH Estimoted May 12, 1968 6:00 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 12, 1968 Hour 6:00 P.M.
ST. AGNES HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY Howard
6. SEX Male 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE VESTR WOLL
9. DATE OF BIRTH NOV. 18, 1945 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	303 South Leight Street
11. BIRTHPLACE (State or fareign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? U. S. A.	JOSEPH RASINSKI
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of warking life, even if retired) BENCHHAND TELEPHONE EQUIP	JOSEPHINE SAKOWSKI
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES 17. SOCIAL SECURITY NO. 314-44-0579 19. CAUSE OF DEA	18. INFORMANT ADDRESS 2/224 PLOSEPH RASINSKI 303 S. LEHIGH ST. APPROXIMATE INTERVAL
LEADING TO DEATH	erebral Injuries CAUSE AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	no
UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY OF INJURY WHILE AT NO	
23. 1 certify that I held on Inquiry Inspection X Acres Accident X Suici	
ACTUAL SIGNATURE CAMENDA RONALD No. Kornblum, M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 5/1/6/1/8 Holy Removal	or CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. DATE REC'D BY HEALTH DEPT. 25B. NAME OF ROSISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25B. DATE REC'D BY	25C. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
VS 151-REV. 1/1/68	2/23/

NOV 18, 1945

MARYLAND

BEACHWAND

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U.S.A. NOSEPH RASINSKI

MANUERRICHE CRUIP. JOSEPHINE SAKOWSKI

9-16-65 314 44-0579 Joseph RASINIKE 303 S SERVER ST.

5/16/68 HoleyRosary Com Balle 6 22

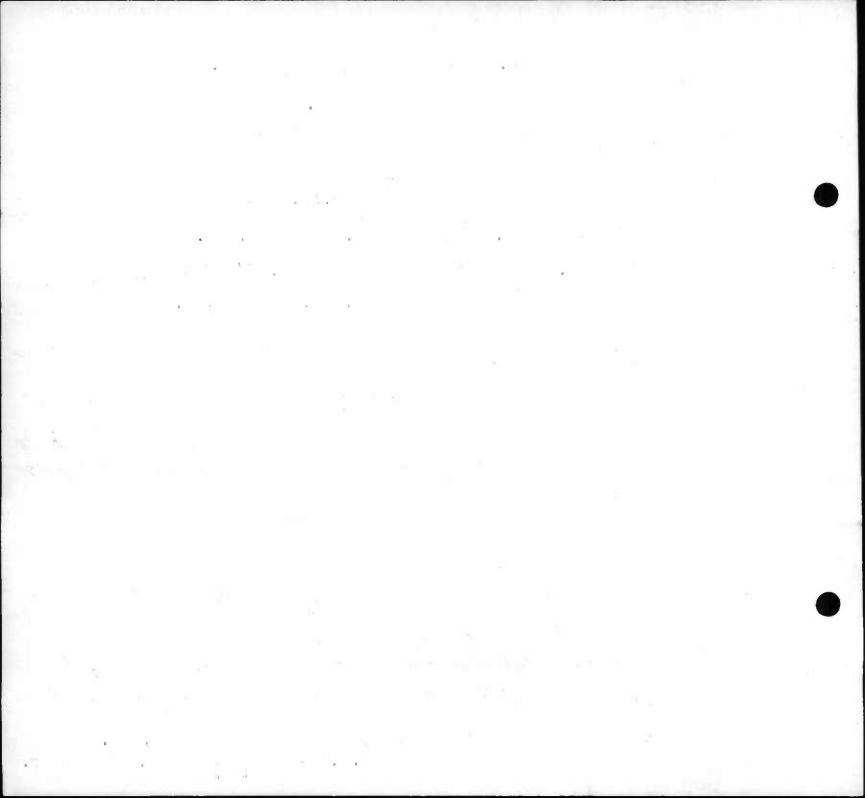
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10001	BALTIMORE CITY HEALTH DEPARTMENT
75705	BIRTH NO. 68-5056 CERTIFICATE OF DEATH
death death ease n the Sucl	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
f dea eceas on t	JAMES A. DORSCH MAY 10.1968
the De	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
hospit se of (5) De ance death	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MD.
a hos cause se; (5) endan to de	HOSPITAL OR ADDRESS OF LOCATION) C. CITY OF TOWN D. INSIDE CITY LIMITS?
	522 WALKER AVE BALTIMORE YES E. STREET AND NUMBER
ting d cau	522 WALKER AVE
- 30 B	5. SEX 6. RACE 7. MADDIED NEVED MADDIED 18. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
occur ontrik ermin regul sased is ma	MALE WHITE WIDOWED DIVORCED Nov. 13. 1898 74
cor re- re- ced	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de in de	RETIRED CIVILIAN EMP. DEFENSE DEPT. BALTO. MD.
if de ect (t) Ur was the posi	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
5 8	JOHN L. DORSCH ANNIE E. O'NEILL
stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
the the kinde	MRS. WM. KNIGHTON, JR. WAY
if if ed	18. 410.91 CAUSE OF DEATH
f o u	DISCASE OF ACUADISON DISCONT
Als Als nou att	(This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE WAVE THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE
er. ctu oro ar	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
fra fra e e e e e e e e e e e e e e e e e e e	(A) IMMEDIATE CAUSE Brushe My Couldid Information 1/2 from DUE TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE Brushe My Couldid Information 1/2 from DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO OR AS A CONSEQUENCE OF:
K A A P a P a P a P a P a P a P a P a P a	Diseases Ok Conditions, if any, giving
(3) (3) or ni	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
dical lical rns; sicia was main	- H20,1 II
edi edi bur hys n v n v	other significant conditions contributing to the terminal discussion, abdornal aorta 2-3 years of condition given in part 1 (a).
Cia P	
chi Bo Bo th th th	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the (2) ere o ph	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
No No	DEATH (notify medical examiner) etc.)
d b osp osp t v (6)	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
n n n n n n n n n n n n n n n n n n n	(APPROX.) Work At Work
the the (ex	22. I certify that (1) (this hoppiral) attended the deceased from 1/20 19 66 to 5/10 19 68,
5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	that (1) (we) Tost saw the deceased alive an 4/30 19 Le 8 and that In (my) Low opinion death occurred on the date
sed sed int pit pit ust	and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED,
must elease ciden hosp to de al mu	There a Land My Attending Med. Staff 5/11/16
4 - 5	23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S 123C. PHYSICIAN'S 1
ificate was r A at a d prior approv	Louis H Schaffer M.D 222 W Cold oping fore, Balto-Md 21210
- Q L	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
body ws: (1) s D.O. eased	BURIAL 5/13/68 NEW CATHEDRAL BALTIMORE, MD.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the sho was dec	MAY 14 1968 OF O. F. E. FOLDERA H. W. MEARS & SON 805 N. CALVERT ST.

VS 150-REV. 1/1/68

1 4 1968

258. NAME OF REGISTRAR H. W. MEARS OF



68- 50:	BALTIMORE CITY	HEALTH DEPARTMENT		68- 505	pag
BIRTH NO. 108-08-48-8	CERTIFICA	TE OF DEATH	REG. NO	00- 00	
NAME OF DECEASED	HALK.	5-9	HOUR OF DEATH	1/2	o AN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNTY	deceosed lived. If inst	itution: residence be	fore odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL OR ADDRESS OR LOCATION)	UTION, GIVE STREET	MO.	D. INSID	E CITY LIMITS?	100
UNION MEMBERIAL +	HOSPITAL	BALTIMORE		YES NO	Z
44		1009 W.	0,	T. *	
SEX 6. RACE 7. MARRIED WIDOWED	INEVER MARKIED	5-8-196 8 10s	AGE (In years t birthdoy)	Months Doys Ho	Under 24 Hrs. Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND O lone during most of working life, even if refired) NEU BOR N.	F BUSINESS OR INDUSTRY	MARY L AW	Spritry)	U. S	
3. FATHER'S NAME CHARLES L. CHA		CAROLYN	4 /	DOLS	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT MOTHER.		ADDRESS	۲.
18. 7 7 2 . 0	CAUSE OF DEATH				ATE INTERVAL
DISEASE OR CONDITION DIRECTLY		. 0	10	BETWEEN ON	ISET AND DEAT
LEADING TO DEATH	(A)IMMEDIATE CAU	E Atelectuse	sol lun	2	
(This daes not mean the made of dying, e.g. heart failure, asthenia, etc. It means the disease	(A) IMMEDIATE CAU	CONSEQUENCE OF			
injury ar camplication which caused death.)	A	/	/ /	1	
ANTECEDENT CAUSES	100 0 10 8	arachunoi a	haema	graha 5	2
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	aradnoi a			
rise to the above cause (A) stating the				1	
UNDERLYING CONDITION last.	(C)	-			
7 60.0			/	-1/	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			L	 {	
10 JEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FILLING CAU	NDINGS CONSIDER	RED
O 21 A. ACCIDENT WAS UNDERLYING 1 21	B. PLACE OF INJURY (e.g., in me. form, foctory, street, off)	n or obout 21 C. WHERE DID	(tf in Boltimore	City, give exact loco	tion)
21D. TIME (Month) (Doy) (Year) (Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?		
	hite At Not While	· 🗆 📗			
22. I certify that (I) (this hospital) ottended		E= 8 10	68 to 3	-9	1968
that (() (we) last saw the deceased alive an.		19 68 and that	in(my) (our) apini	ion death accurre	d an the do
and haur and fram the causes stated obave.	(I) (We) (did) (dld not) v	iew the bady after death.			
DH Brancat.	M.D. Atter	nding Med. St Director Ph	off ys.	5-9-1	968
23C. PHYSICIAN'S NAME (Type) D. H. BRANCATO	M.D.	UNION +	MORIAL	HOSP.	ALEX
	DEGREE OF CEMETERY OF CRE	MATORY A DIE LO	ATIONE DIETIY	David eracounty)	(Stote)
REMOVAL (Specify) 5-13-4	OF REGISTRAR	JOHNS: HOP	KINS MED	ICAL SC	HOOL
A A A	TA OLUMB	MORTHARV	SERVICE	BCHD	
4 40CQ //3/// 27 2	The state of the s	I HILUMAN OF UTAIL	ATLEN VILLE	- DULL	

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

68 59	150 BALTIMORE CITY	HEALTH DEPARTMENT		00 5050
BIRTH NO. 68,09112	CERTIFICA	TE OF DEATH	REG. NO.	68- 5058
1. NAME OF DECEASED (Type or Print)	soly Girl	2. DATE AN 5 // 8	D HOUR OF DEATH	250 1 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If in:	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	MARYLAND		
HOSPITAL OR ADDRESS OR LOCATION)	4.	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Marca Maro. Tal Be	altimore	E. STREET AND NUMBER		YES IND
37	MD 21202	125 COL	UN ST.	9
5. SEX A 6. RACE N 7. MARE WIDON		8. DATE OF SIRTH 5/9/68	9. AGE (In years lost birthday)	Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B. KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
non		U.S.A.	MD	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	-	MAKSHA E	. KNOX	
5. Was Deceased Ever in U. S. Anned Forces? Yes, no ar unknown) (III yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18	CAUSE OF DEAT	'H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		no 4 D	A /-	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE OCUTE ROSP A CONSEQUENCE OF:	ralay d	raher
(This does not meon the mode of dying, heart failure, asthenia, etc. It meons the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)	10	monaturity		
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, gi	viii g	A CONSEQUENCE OF		7' 1019
UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		B > B > 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0		
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 208. IF YES, WERE I	FINDINGS CONSIDERED
		no		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If In Boltimor	e City, give exoct location)
2) D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work At Work			
22. I certify that (I) (this haspital) attend	led the deceased from	May po 9	19 6P to MG	ory 10 19 68
that (I) (we) last sow the deceased alive	an	19and th	at in(my) (aur) api	nion death occurred on the date
and hour and fram The causes stated above	re _h (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	00.		1	23B. DATE SIGNED
Sang K.	OEGREE AH	ending Med. Director	Shaff Phys.	5/10/68
23C. PHYSICIAN'S NAME (Type)	11.	23D. ADDRESS		
CANG K. S	H/N DEGREE	Mercy Ha	TO ADD A	MEARVIAND
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	C. NAME of CEMETERY OF CE		OCATION	fy, town, or county) (Stote)
5-13-64		JOHNS HO	PKINS ME	EDICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C, TUNERAL DIRECTOR	V CEDWIC	ADDRESS ADDRESS
MAY 1 4 1968 (R.C.)	5 E, tarkey MA	MUKIUAK	1 SEKVIC	E - DUIII
VS 150_REV 1/1/68				

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1	11		BALTIMORE CITY	HEALTH DEPARTMENT	1 / F	8- 5059
1	K-500 68-	503	SS CERTIFICA	TE OF DEATH	REG NO.	00000
1	TH NO.			2 DATE AN	D HOUR OF DEATH	
	pe or Print) A BRAHAM	KEN	NEY	MAY	10,1968	1/ A. M
3.	PLACE IN BALTIMORE, MARYLAND, WHERI	PRONO	UN CED DEAD	4. USUAL RESIDENCE (When	TY	n: residence before admission)
	LL NAME OF (IF NOT IN HOSPITAL OF	OR INSTITU	UTION, GIVE STREET	Maryland *	Baltimore	1. 33-00
IN	Baltimore City		tels	C. CITY OR TOWN	D. INSIDE CIT	
-	4940 Eastern Av	_	. 00.20	Baltimore E. STREET AND NUMBER	YES	NO .
	Baltimore, Maryl		21224	213 Main Street	21222	
5, 5	1/1 7	AARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-13- 1886		nder 1 Yr. If Under 24 Hrs. Hours Min.
	. USUAL OCCUPATION (Give kind of work 108.	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or forei	gn country) 12.0	CITIZEN OF WHAT COUNTRY
don	Retired	Beth	n-Steel	Virginia , C	huchatuck	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE .	
	CHARLES KENN	EY		NELLI	E CROSS	
1 S. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of	service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Records:BCH-494	O Eastern Aven	ue 21224
	1B. 1990		CAUSE OF DEATH	•	- +1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	rL y	Dissen	rinated carcinoma	r ! klidogy	7
	LEADING TO DEATH (This does not moon the mode of dying)	n.a n.a	(A) IMMEDIATE CAU	SE		6
	hearl failure, asthenia, etc. It means the injury or complication which caused dea	diseose,	DUE TO, OR AS A	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	1)1.7				
	DISEASES OR CONDITIONS, if ony,	aivina	(B)	A CONSEQUENCE OF:		
	rise to the obove couse (A) sto					
	UNDERLYING CONDITION lost.		(C)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING	DATONIUS	derotic centrova	scular disease	2041
ATION	TO THE DEATH BUT NOT RELATED TO THE TE	A).	- #	2 5		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FINDIN	OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING	21 R	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(tf In Boltimore City,	
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?	in in pointing only,	give whose localion)
U		our) 21E.	INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
MEDI	OF INJURY	Wh	ile At Not While			
		Wo		4	968 to 5-1	0 68
	22. 1 certify that (1) (this hospital) of		- 10	1.0		19_00
	that (1) (we) last saw the deceased a	-			rin(my) (our) opinion o	leath occurred on the dote
	and hour and from the couses stated of	above	l) (We) (did) (did nat) v	iew the body offer deoth.	228	DATE SIGNED
	Rai tal	MID		nding Med.	Staff 🔀	10 1068
	Dymamin Leinner	IWI	DEGREE Phys	OSD ADDRESS	Phys//	ray 10, 1900
	23C. PHYSICIAN'S NAME (Type) RENJAMIN LECHT	NER		4940 Ea.	stern Avenue	
24/	BENJAMIN LECHT	-	AME of CEMETERY OF CRE	Baltimore, Maryla		on, or county) (Stote)
	REMOVAL (Specify)					
25/			arden of Ete	250 FUNERAL DIRECTOR	Finksburg,	Maryland
	MAY 1 4 1968 (P.O. A. 9	Fa	and a	1 0 0 1	ETT F.H. 170	
VS	150-REV. 1/1/68	-		TIONLOW & DI	.walle 1/	T Dadrella oc

Such death the bady was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital prior to death); and (6) No physician was in regular attendance an the deceased prior to death. attendance was in regular death A. at a hospital (except where the physician who pronounced

was D.O.A

VS 150-REV. 1/1/6B

BALTIMORE	CITY HEALTH DEPARTMENT
68- 5960 CERTIFIC	CATE OF DEATH REG. NO. 68 5050
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Georgia . Walker	MAR 11,1468 19.13 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, if institution; residence before admission A. STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland
HOSPITAL OR ADDRESS OR LOCATION) Baltimore City Hospitals	De 1+ image
4940 Eastern Avenue	E. STREET AND NUMBER
Baltimore, Maryland 21224	934 Whitlock Street 21217
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	ligst bittingon. Months: Doys : Hours : Min.
Female Negro WIDOWED X DIVORCED	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	
Self-employed	Virginia, Franklin Co. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willie Frye	Julia Holland
S. Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes, no alunknown) (If yes, give wol of dates of service) SECURITY NO. 18-32-52	286 Records: BCH-4940 Eastern Avenue 21224
18. CAUSE OF D	
1771	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ancien Mercelland
(This does not mean the mode of dying, e.g.,	ECAUSE/VI) FIV U-ALL IV DIVID
heor) foilure, osthenio, etc. 1) means the disease,	ECAUSE ADENCE OF: METASTATIC - REPRINERY SITE
injury or complication which caused death.)	MI DOMOTHIE CO.
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving DUE TO, O	OR AS A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES. IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, streed to.)	eet, office bldg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Yeo) (Hour) 21E, INJURY OCCURRED	D 21F. HOW DID INJURY OCCUR?
OF INJURY	While
	Work
22. I certify that (I) (this hospital) attended the deceased fram	2/7/6\ 19 6\ ta 5/1/6\ 19 6
that (1) (we) last saw the deceased alive an AAA	19 68 and that In(my) (aur) aplnian death accurred on the da
and haur and from the causes stated above. (1) (We) (did) (did n	adi) view the bady after death.
23A. 310NATORE (1.41)	Attending Med. Stoff
DEGREE	Phys Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS Baltimore City Hospitals
NAME (Type)Ron E. Smith MD	1010 Fostern Avenue Reltimore Manyland 2122
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of	
REMOVAL (Specify)	
	morial Park Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
MAY 14 1968 R. R. B. & Stailley Miles	MORTON & DVETT E H 1701 Tanna

MORTON &

DYETT

1701

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and the state of t

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, such written approved must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH DEPARTMENT
C-640 CERTIFICA	TE OF DEATH REG. NO. 68-5061
I.NAME OF DECEASED	2, DATE AND HOUR OF DEATH
JAMES F. CARROLL	May 11, 1968
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS?
	E STREET AND NUMBER
1906 Longwood Street	1906 Longwood Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. In Under 24 Hrs. If Under 24 Hrs.
M. Negro WIDOWED DIVORCED	1-24-1907 61
tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired	Baltimore, Maryland U.S.A.
	14. MOTHER'S MAIDEN NAME
ALEXANDER CARROLL	HENREITTA CARROLL
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Mrs. Marie Carroll 1906 Longwood St
18. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	(1,
LEADING TO DEATH	
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
injury or complication which coused death.)	,
ANTECEDENT CAUSES (8)	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the obove couse (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION lost, (C)	
_ /63× II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner) etc.)	ice bldg., INJURY OCCUR?
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
S OF INJURY (APPROX.) While AI Not While	, П
Work At Work	500 7 - 10 (Mey 1) - 10 68
22. I certify that (I) (this haspital) attended the deceased from	
that (1) (we) lost saw the deceased alive on	-8
ond hour and from the couses stated obove. (I) ((did) (did not) vi	
23A. SIGNATURE	nding 7 Med. Staff 7
OEGREE Phys	Director Phys. 1 May 10 6
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
1, N. H. DEGREE	[2:22 N' Caroline 87.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	
Burial 5-14-68 Arbutus Memori	- 412 0 1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS
MAY 14 1968 Robert E, Starberta	MORTON & DYETT F.H. 1701 Laurens St.
VS 150-REV. 1/1/68	

SP W PW

was D.O.A. of o hospital (except where the physician who pronounced deoth was in regular offendance on the deceased prior to deoth); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embolmed or final disposition is made. This certificate must be approved by the chief medical examiner or his ossistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased

1/		HEALTH DEPARTMENT		00 5000
H-553 68-5	062 CERTIFICA	TE OF DEATH	REG. NO	68- 5062
I. NAME OF DECEASED	OEK (III TO)		D HOUR OF DEATH	30
(Type of Print)	Hannuald	ma	17 19	14111-
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD		e deceased lived. If inst	titution; residence before admission)
		A. STATE B. COUN	TY /	
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	190.	la unicipa	E CIPY HARCO
INSTITUTION		C. CITY OR TOWN		E CITY LIMITS?
011 100	/	E. STREET AND NUMBER		YES NO NO
31 MPPau H	0501-121	3317 Katun	ALO,	
5. SEX 6. RACE 7. MAAR	DIED ET NEVER MARRIED ET	33.7	AGE (In years	II Under 1 Yr., II Under 24 Hrs.
The state of the s	RIED NEVER MARRIED DIVORCED		ost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B, KIN		11. BIRTHPLACE (State or foreign	on country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Dr. 1		
Domestic Work		11/4/29/1	and _	(15/7
13. FATHER'S NAME	}	14. MOTHER'S MAIDEN NAM	AE .	
(1)1/1 mm An	der SON	11/13	ey L. 1	Kice.
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
100.	216-14-2215	Mrs. Kear/	ent 39	Ob somet hork
1B. 7	CAUSE OF DEAT	4	CAT OF	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Intra	ricular Rupken	copie / Kry	BETWEEN ONSET AND DEATH
LEADING TO DEATH	U eset	Ticolar Rugkers		hes
(This does not mean the mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:		
heast failuse, asthenia, etc. 11 means the dis injury or complication which coused death.)	chron	ic Kenal Failer	1 20 No a	
ANTECEDENT CAUSES				7-
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:	-L	
rise to the obove cause (A) stating	The 10 m	ASCUD.		
UNDERLYING CONDITION Iasi.	(c)	300/2		
2 75 7. / 11	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
Ulsease or condition given in Part 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		Ves.	IN CERTIFYING CAU	SES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Boltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	fice bldg., INJURY OCCUR?		
21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
S OF INJURY	While At Not While		OKI OCCOR.	
(APPROX.)	Work At Work			
22. I certify that (1) (this hospital) atten	ded the deceosed from	2 May 1	963 10 124	Many 19 6 8
that (1) (we) ost sow the deceased alive	on 12 May!	W.G.J. ond the	t in (my) (our Dopin	los death occurred on the date
ond hour and from the couses stoted obo		iew the body ofter death.		
23A. SIGNATURE				238, DATE SIGNED
Athere Follows		nding Med.	Staff Phys.	122271517
23C. PHYSICIAN'S	OEGREE Phy	23D. ADDRESS	rnys. —	1, 10,
NAME (Type)				
CAA BURIAN CREAMATION OF SATE	OEGREE	MANORY OF THE	201	
24A. BURIAL CREMATION, 24B. DATE	4C. NAME OF CEMETERY OF CR	MATORY 24D. LC	CATION (City	r, town, or county) (Stote)
Bux12/ 5-15-68	Hrbutus Ilen	n. TARK 1.	Salfimore,	Med
	AME OF REGISTRAR	250. FUNERAL DIRECTOR	N ./	ADDRESS
MAY 14 1968 Robert E	Jane Ma	MORTON E	Duett F.H	1761 LAURENS
VS 150-REV. 1/1/6B			7	

the same of the sa

May 10, 1968

(Stote)

Maryland

(City, town, or county)

ADDRESS

24D. LOCATION

Baltimore.

MORTON & DYETT F.H. 1701 Laurens St.

REMOVAL (Specify)

Burial

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

24A. BURIAL CREMATION,

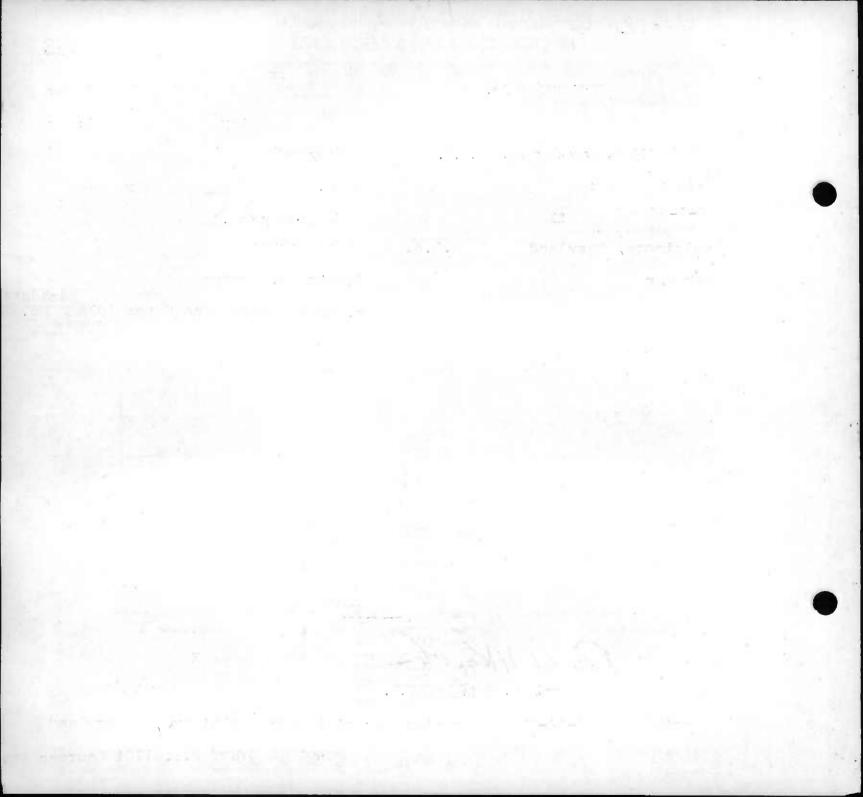
Ronald N. Kornblum, M.D.

25B. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

Arbutus Memorial Park

25C. FUNERAL DIRECTOR



IMPORTANT DIRECTOR: FUNERAL

the chief medical medical

0

hospital

to the

was released

certificate must

approved

and death

hospital

ō

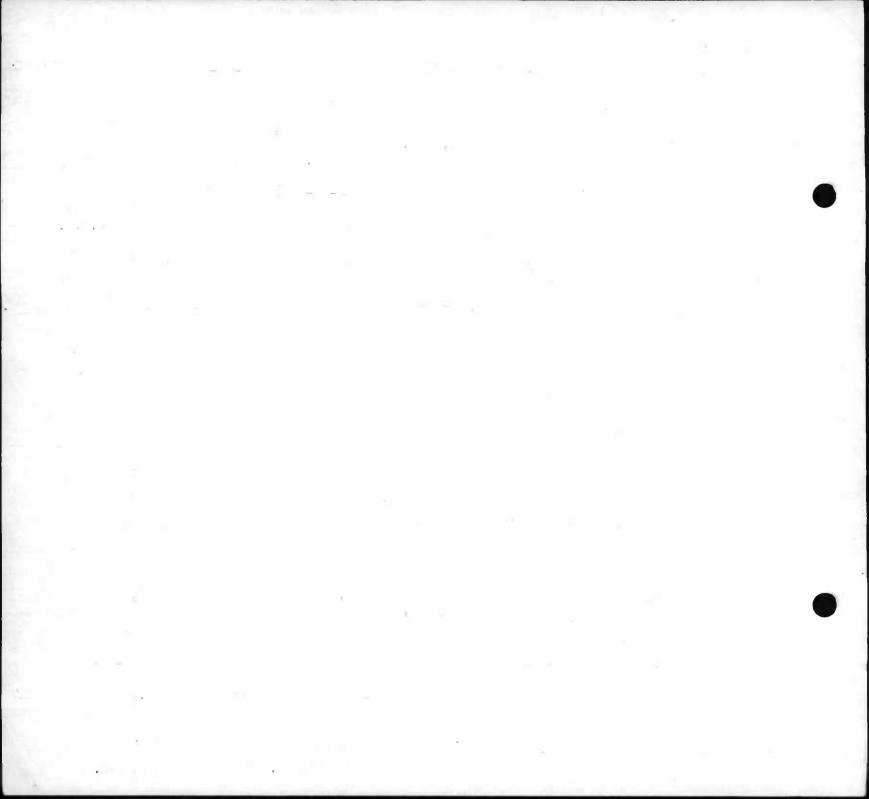
of

contributing occurred

BALTIMORE CITY HEALTH DEPARTMENT 68- 5064 CERTIFICATE OF DEATH REG. NO. Such Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4:00 P. UO 5-10-68 Mentray English death. 4. USUAL RESIDENCE (Where deceased fived, If institution; residence before admission)

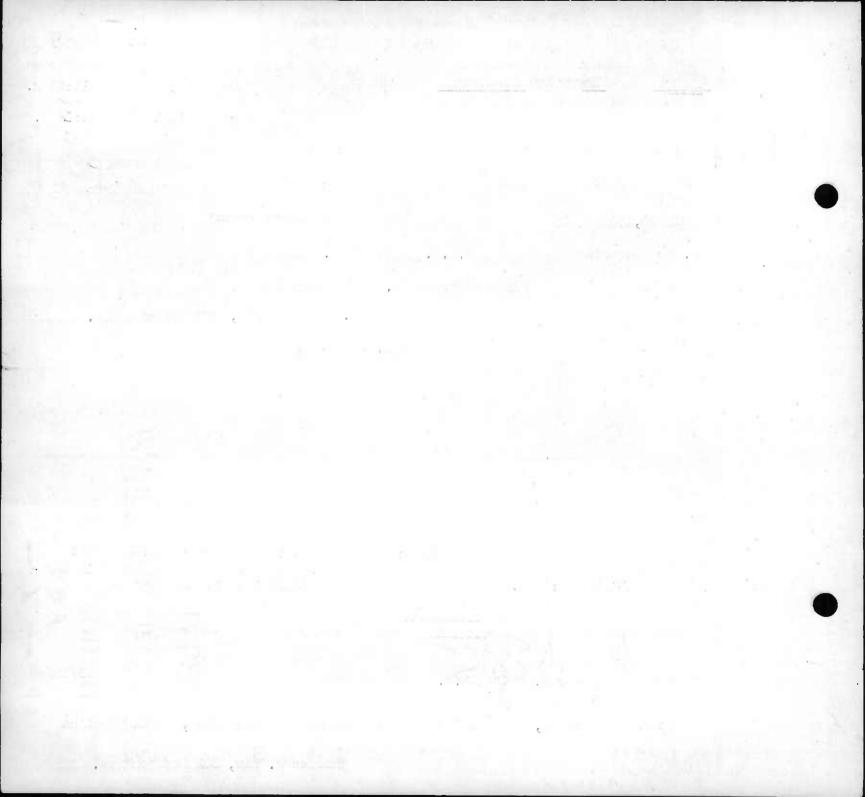
A. STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE ing cause cause; (5) I Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? attend Baltimere, YES X NO Prevident Hespital. Inc. prior E. STREET AND NUMBER 822 N. Carrellton Avenue etermined regular made 9. AGE (In years 6. RACE B. DATE OF BIRTH 5. SEX If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased Months Doys Hours Female 12-15-1887 Negre WIDOWED A DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Baltimere, Maryland U.S.A. House Mother Carroll Home for Aged (4) Und SD the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Jenkins Maria Watson eath 0 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no ar unknown) (II yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS or final SECURITY NO. attendance Theedecia Johnson, (Sister) No 212-12-4430A any CAUSE OF DEATH pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the ; and (6) No physician was in where the physician before the remains UNDERLYING CONDITION last. 33/X 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPROX.) At Work Work any May 22. I certify that (1) (this haspital) attended the deceased fram 19 68 May 10. pe that (1) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date hospital eath) of ond hour and fram/the/causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23 B. DATE SIGNED 23A. SIGNATURE Ö Attending Med. Staff 5-13-68 10 Director approval 0 23C. PHYSICIAN 23 D. ADDRESS prior to 1514 Division Street Balte., Maryland 21217 An D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) deceased REMOVAL (Specify) shows: Mt. Auburn Baltimore, Maryland 5-14-68 SD 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Charles R. 802 Madison Ave. VS 150-REV. 1/1/6B

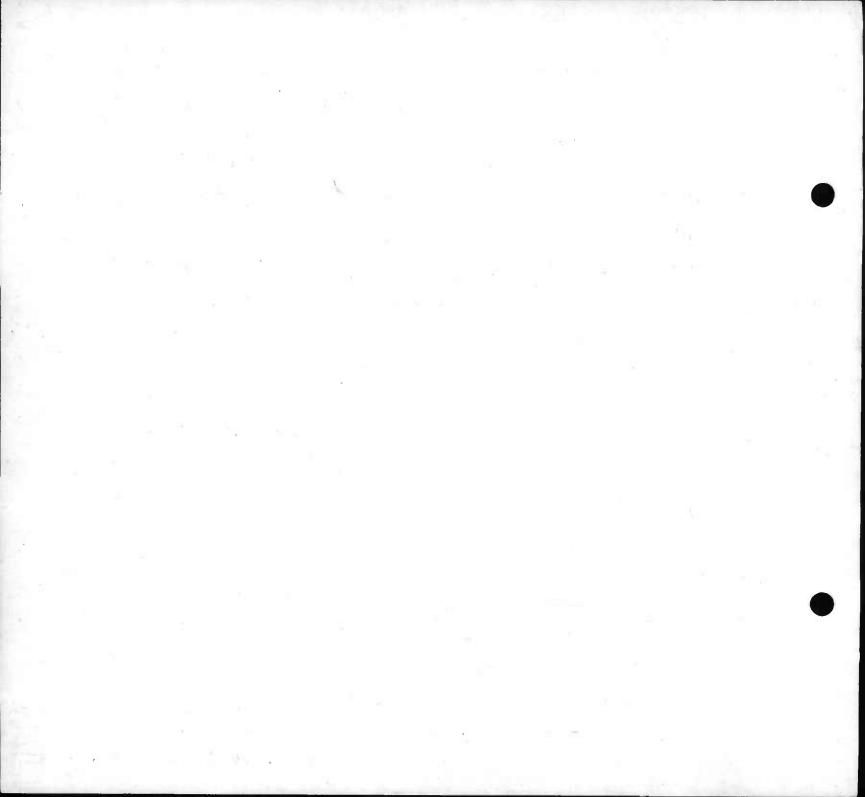


VS 151-REV. 1/1/6B

	CERTIFICATE OF DEATH REG. NO. 68- 5065
BIRTH NO.	
Tommy Lee Stephens The Stephens	2. DATE Known & Month Doy Yeor Hour OF DEATH Estimated May 11, 1968 11:55 PME
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 11, 1968 11:55 P.M.
Maryland General Hospital	5. USUAL RESIDENCE (Where deceosed lived. Il institution; residence before odmission) A. STATE Maryland B. COUNTY
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro widowed Divorced	Baltimore VES X NO 1
P. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min	E. STREET AND NUMBER
April 26.1943 25	2532 Bowman Avenue Bongman
11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
South Carolina U.S.A.	James Stephens
4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTION of BUSINESS OR INDUSTION (Give kind of work 14B. KIND OF WORK 1	KY 13. MOTHER 5 MAIDEN NAME
Molder Flynn & Emrich Co. 6 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Ada Downing 18. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mars Ado Stonbone 0520 December 1
NO CAUSE OF DE	Mrs. Ada Stephens, 2532 Boarman Ave
CAUSE OF DE	BETWEEN ONSET AND DEATH
	tiple Injuries
(A)IMMEDIATE	R AS A CONSEQUENCE OF:
heart lailure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANATORIES CANOES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C)	
Q F 816.4 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED 21. AUTOPSY? (Yes or No)
	No
	J., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) fice bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. street	North Avenue and Bolton Street
OF INITIAL	22F. HOW DID INJURY OCCUR? Passenger in car - involved in collision with another car
23.	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER
I certify that I held an Inquiry Inspection X	autopsy and that on this bosis, death in my opinion
	ide Homicide Undetermined monner
resulted from: Notural causes	
ACTUAL MALLO AS TO	CHIEF MEDICAL EXAMINER L
	.D. ASSISTANT MEDICAL EXAMINER K
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 5/12/68
24A. BURIAL CREMATION, 24B. DATE	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	dat Church Calumbia South Canalina
Burial May 17,68 Antiach Bapt	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MEY 14 1968 (12 D. 15 E. College)	Charles & Marian Are



BALTIMORE CITY HEALTH DEPARTMENT 5066 68- 5066 REG NO CERTIFICATE OF DEATH Such of death (5) Deceased BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO ames a hospital ÷ RESIDENCE (Where deceased lived. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD institution: residence deat A. STATE attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause INSIDE CITY LIMITS? HOSPITAL OR CITY OR TOWN Undetermined cause; 0 NOF AND NUMBER YES TO prior contributing F STREET Gui made regular 9. AGE (In years 5. SEX 8. DATE OF BIRTH If Under 1 Yr. Manthsi Days II Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED deceased last birthday Hours DIVORCED A WIDOWED isposition is 12. CITIZEN OF WHAT COUNTRY? 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTAPLACE (State or foreign country) death dane during most of working life, even if retired) = 45 or ER M as 14. MOTHER'S MAIDEN NAME the 13. FATHER'S NAME direct 4 0 death 9 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no or unknawn) (If yes, give wor or dates al service) 6. SOCIAL final SECURITY NO. attendance 218=20-6077 any CAUSE OF DEATH pronounced 0 .0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF gular heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.) who ANTECEDENT CAUSES (B)______DUE TO, OR AS are 4 DISEASES OR CONDITIONS, il any, giving (3) the above cause (A) stating the to where the physician UNDERLYING CONDITION lost obtained before the remains burns; and (6) No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED ō WAS BERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? 6 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact lacotion) to the hospital MEDICAL DEATH (notily medical examiner) nature; approved by 21 F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY (except While At Not While r (APPROX.) Wark At Work any 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) lost sow the deceased olive on 19 and that in (my) (our) opinion deoth accurred an the date pe of death) hospital and haur and from the causes stoted above. (1) (We) (did) (did not) view the body after death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED This certificate must Attending [Med. Staff deceased prior to Phys. Director written approval 0 23.0. PHYSICIAN'S 23D. ADDRESS at NAME (Type) An 61 0 C DEGREE D.O.A. shows: (1) 24A, BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY (City, town, or county) (State) REMOVAL (Specify) the body Baltimore, Maryland 5-10-68 Mt. Abburn Cemetery 258. NAME OF REGISTRAR Charles R. Law 2SA, DATE REC'D BY HEALTH DEPT. ADDRESS 802 Madison Ave. VS 150-REV. 1/1/68



	C-453 RTH NO. 18-04778 68-5067 CERTIFICATION BABY BOY CLANTON	2. DATE AND HOUR OF DEATH 5-11-68 10:15 A
FU HO	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI OSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A, STATE 8. COUNTY MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
INS	THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES XX
2	33	1028 E. 20th ST.
5. S	SEX 6. RACE 7. MARRIED NEVER MARR	RIED ** B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	MALE NEGROID WIDOWED DIVORC	
	 USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR IN the during most of working life, even if retired) 	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. \	MELVIN JOHNSON Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ANNA CLANTON 17. INFORMANT ADDRESS
res	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO	
	18.7 7 5 . 9 1 CAUSE O	F DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	
		DIATE CAUSE PREMATURITY WITH
	heart failure, asthenia, etc. 11 means the disease,	O, OR AS A CONSEQUENCE OF:
	injury ar camplication which caused death.)	Salara Salara Salara Salara Salara
	ANTECEDENT CAUSES	RYTHROBLASTOSIS FETALIS
	DISEASES OR CONDITIONS, if any, giving DUE TO	O, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	HYALINE MEMBRANE DISEASE
	770.5 11	
ATION		
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	ON 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, DEATH (notify medical examiner)	IRY (e.g., in or obout 21C. WHERE DID street, office bldg., INJURY OCCUR?
DIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?
×		Not While
	Work L	am May 9, 1968 to May 11, 1968
	22. I certify that (I) (this haspital) attended the deceased from	14 60
	that (I) (we) last saw the deceased alive an MAY	1119_68 and that in(my) (aur) apinian death accurred an the da
Ĭ	and haur and from the causes stated above. (1) (We) (did) (did	
Ĭ	and haur and from the causes stated above. (1) (We) (did) (did 23A. SIGNATURE	23B, DATE SIGNED
Ĭ	23A. SIGNATURE	
Ĭ	23A. SIGNATURE 23C. PHYSICIAN'S	Attending Med. StaffyX 5-1 1-68
Ĭ	23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	Attending Med. Director Phys. Staffy
	23A, SIGNATURE 23C, PHYSICIAN'S NAME (Type) ROBERT SUSKIND, M.D. A. BURIAL CREMATION, 124B, DATE 124C, NAME of CEMETER	Attending Med. Staff XX 5-1 1-68 23B. DATE SIGNED 5-1 1-68 23D. ADDRESS THE JOHNS HOPKINS HOSPITAL
24A	23C. PHYSICIAN'S NAME (Type) ROBERT SUSKIND, M.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Attending Med. Staff XX 5-1 1-68 23B. DATE SIGNED 5-1 1-68 23D. ADDRESS THE JOHNS HOPKINS HOSPITAL

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IMPORTANT DIRECTOR: FUNERAL

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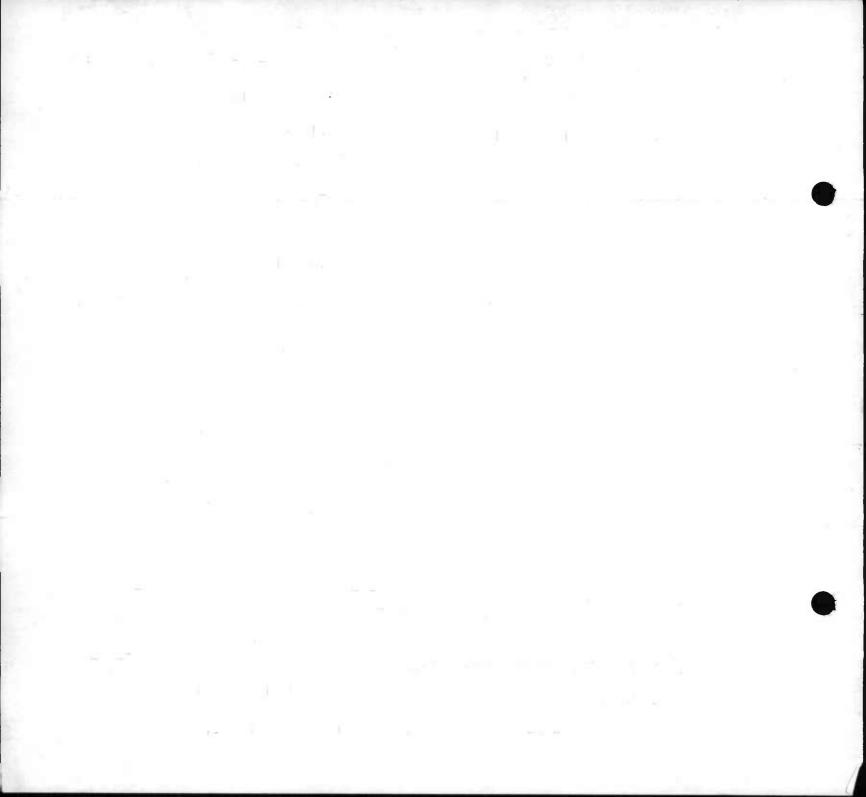
accident

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 68-09/50 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 5-10-68 3:10 AM BABY BOY DESHAZO 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLAND CITY OF BALLTIMORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES XX NO BALTIMORE THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER 1412 BECKER AVENUE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 If Under 24 Hrs. 5. SEX 3 Months Doys Hours lost birthdoy DIVORCED 5-9-68 E WIDOWED MALL NEGRO 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) MARYLLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ALICE HILL 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Prematurity (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) regul ANTECEDENT CAUSES (B) Hyaline Membrane Disease DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last. before the remains Was 773.5 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exoct location) °Z MEDICAL etc.) DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except ; and (6) Not While While At (APPROX.) Work At Work 5-10-68 22. I certify that (I) (this haspital) attended the deceased from 5-10-68 death); and that in (my) Lour) opinion death occurred on the date that (I) (we) last saw the deceased alive on ond hour ond from the couses stoted above. (1) (We) (did) (did nat) view the body after deoth. must 23A. SIGNATURE 23B, DATE SIGNED Attending | 5-10-68 Med. Staff 0 Director L Phys. Phys. approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior JOHNS HOPKINS HOSPITAL Dr. Robert Suskind OEGREE 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) deceased REMOVAL (Specify) JOHNS HOPKINS HOSPITAL BALTIMORE, MARYLAND CREMATION 5-10-68 125G FUNERAL DIRECTOR HOSPI 25B. NAME OF REGISTRAR ADDRESS 2SA, DATE REC'D BY HEALTH DEPT.



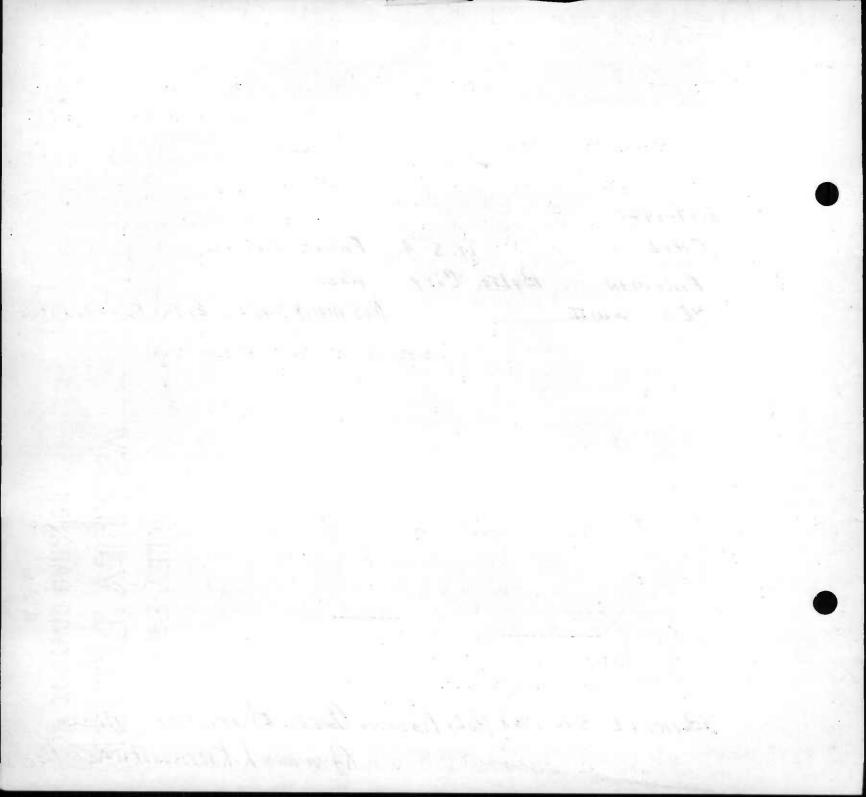
25C. FUNERAL DIRECTOR

ADDRESS

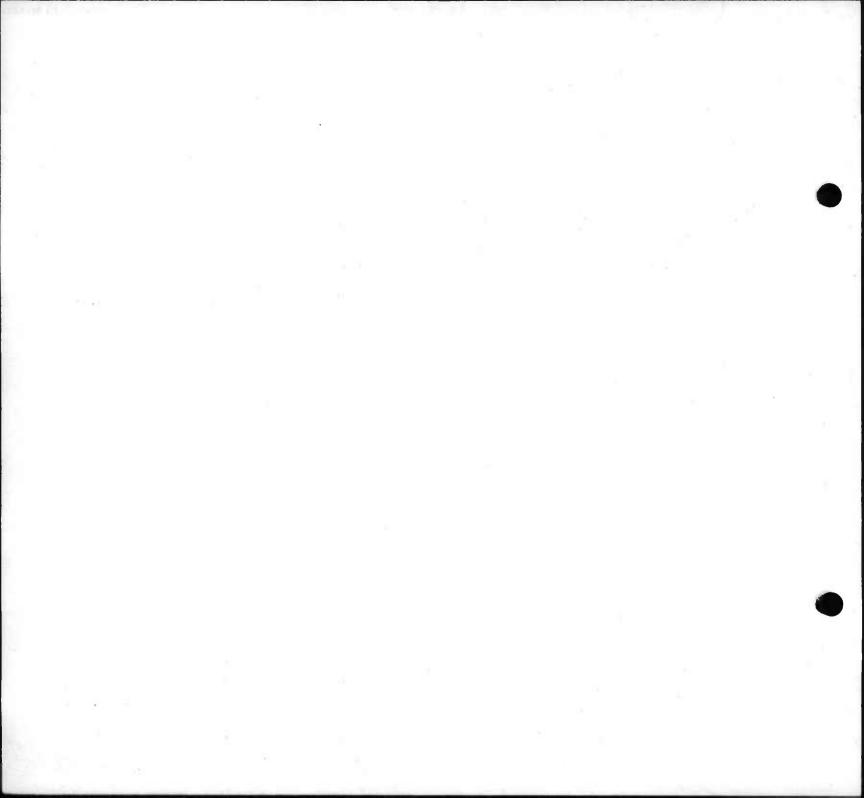
REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR



	_	S-557	BALTIMORE CITY	HEALTH DEPARTMENT	
	0107	5-552 68-50	70 CERTIFICA	TE OF DEATH REG. NO	68- 5070-
	1, N	H NO. AME OF DECEASED CHRISTINE SZ OF Print) OF HRISTINE SZYMAN	ZYMANIK	2. DATE AND HOUR OF DEATH	1 1/45 P
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before admission)
1	FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND B. COUNTY	10
	INS	BALTIMORE CITY HOS	SPITALS	BALTIMORE D. IN	YES X NO.
	3	4940 Eastern Avenu		E. STREET AND NUMBER	
5		Baltimore, Marylar		4940 Eastern Avenue, 212	
E	5. \$1	Female White WIDOW	/ED NEVER MARRIED	8. DATE OF BIRTH 8. AGE (In years lost birthday) 71	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work 10B, KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
2		HOUSEWIFE		POLAND	U.S.A.
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
2		UNKNOWN		UNKNOWN	
	15. V (Yes,	Vas Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: Baltimor	
		NO		4940 Eastern Avenue, Balt	imore, Md. 21224
5		18.599.0 1-250.1	CAUSE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		DISEASÉ OR CONDITION DIRECTLY' LEADING TO DEATH		Mitalulia acidaria	4 days
		(This daes not meen the made of dying,	(A) IMMEDIATE CAU	se Metalolic acidosis	10043
5		hearl failure, asthenia, etc. It means the diserinjury or complication which coused death.)			7.00
5		ANTECEDENT CAUSES	(hin	ray fract infection A CONSEQUENCE OF:	6 days
20		DISEASES OR CONDITIONS, il ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	,
S		rise to the obove cause (A) stating UNDERLYING CONDITION lost,	(C)	· · · · · · · · · · · · · · · · · · ·	
remains		609X II			
6		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	DIABET	res Mellitus	20 years
rne		DISEASE OR CONDITION GIVEN IN PART I (A). 19A-DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
	CERTIF	WAS PERFORMED		NO IN CERTIFYING C	AUSES OF DEATH?
perore		2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21 B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltim- fice bldg., INJURY OCCUR?	ore City, give exoct locotion)
	0	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
D L L C	> I	(APPROX.)	While At Not While At Work	•	
		22. I certify that (1) (this haspital) attended	ed the deceased fram	4-4 19 65 10	May 8, 19 68.
0 0		that (I) (we) last saw the deceased alive	in May 8	19 6 and that (in (my) (aur) 9	pinion death accurred an the date
		and haur and fram the causes stated above	(1) (We) (did) (did nat) v	iew the bady after death.	
must		23A. SIGNATURE	Au.	- di	23B. DATE SIGNED
		Benjamin Jechner, Wis	DEGREE Phys		May 8, 1968
0		23C. PHYSICIAN'S BENJAMIN LECHI		23D. ADDRESS BALTIMORE CITY HOS	
approvai	244	BENJAMIN LECHNER	M.D. DEGREE	4940 Eastern Avenue, Balt	
	24A	BURIAL CREMATION, 248, DATE 246	NAME OF CEMETERY OF CRE	a R	City, town, or county) (Stote)
Litten	200	JURIAL 5-13-1968 /	AE OF REGISTRAR	METERY JOALTIMOI	PE IND.
2	23A	DATE REC'D BY HEALTH DEPT.	T-A REGISTRAK	255 PUNERAL DIRECTOR	POWSK, 2525 FLEETS
	V/S 1	150. PEV 1/1/68	ACMINIST.	117/11/01 - 4. / 170201	

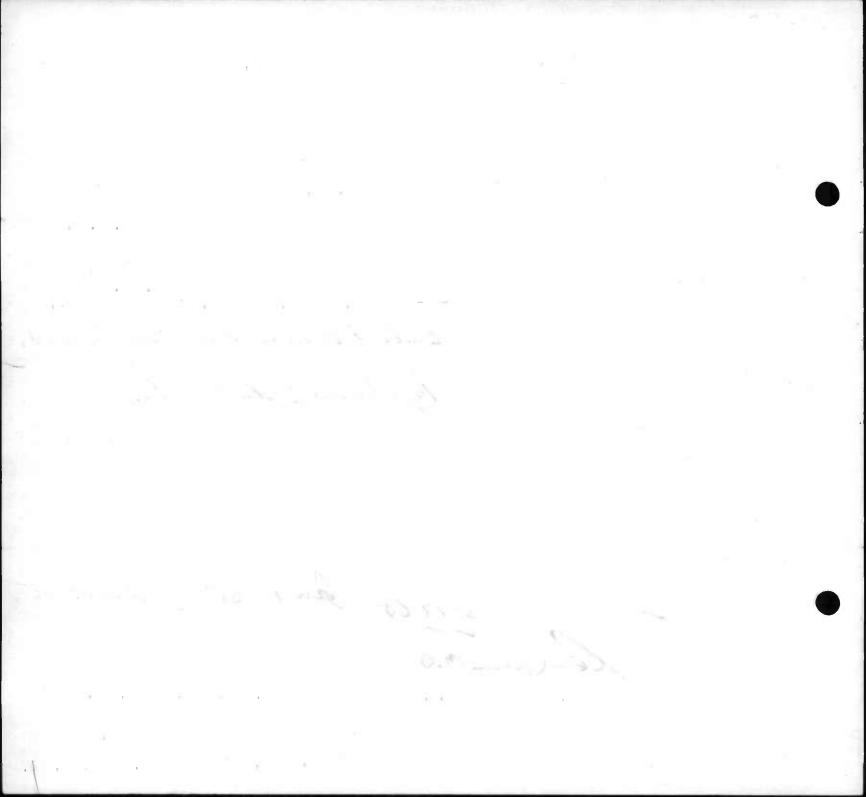


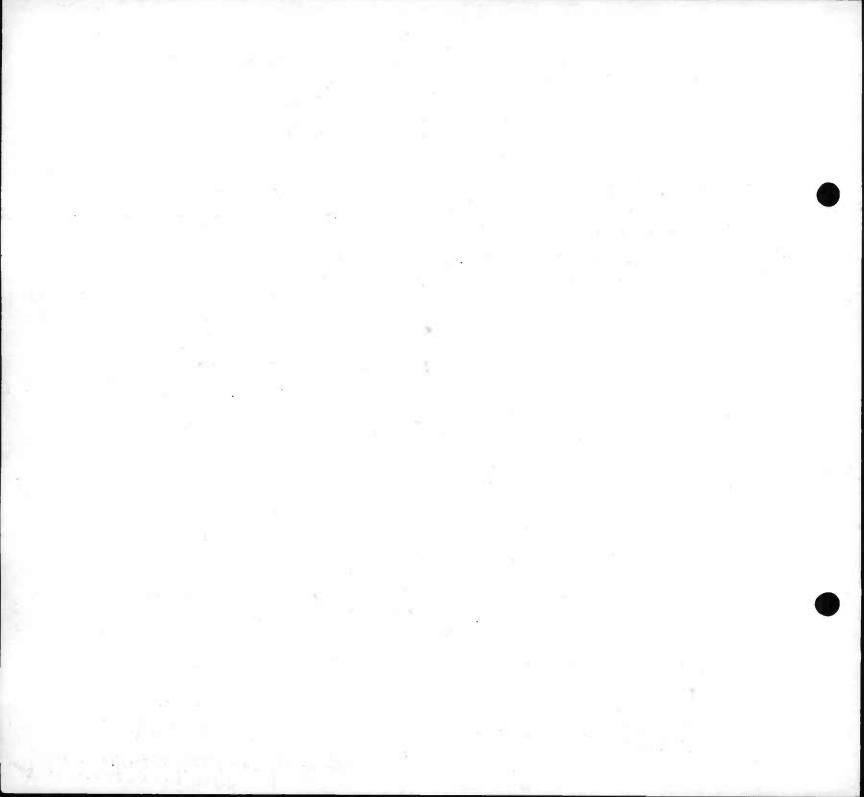
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such and Deceased BIRTH NO of death I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BROWN. EDWARD LEE LO 10 1968 hospital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE MARYLAND Undetermined cause; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 10 0 SYKESVILLE YES NO X prior ST AGNES HOSP.BALTO MD 21229 CATON & WILKENS AVE E. STREET AND NUMBER contributing BOX OKLAHOMA regular mad 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under If Under 24 Hrs. 1 Yr. · MARRIED Y NEVER MARRIED deceased ost birthdoy Months: Doys Hours 68 MALE WHITE WIDOWED DIVORCED 10 09 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) FARMING 0 FARMER-RETIRED US MARYLAND MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 **EDWARD** SHIPLEY SUSAN death 0 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. RECORDS-CATON AGNES 8 WILKENS attendance 52 NO MARYLAND any CAUSE OF DEATH 10 pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med 0 LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal hearl failure, asthenia, etc. It means the disease, regular injury ar complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF are 4 DISEASES OR CONDITIONS, if ony, giving 3 (3) la the abave cause (A) stoting the physician the remains UNDERLYING CONDITION last. physician was 11 434. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the chief Body 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 2 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital MEDICAL and (6) No DEATH (notify medical examiner) nature; obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED Not While OF INJURY While At (A PPROX.) At Work Work any 19 68 to MAY MAY 22. I certify that (1) (this hospital) attended the deceased from 10 19.6.8 MAY 10 ond that in (XxX) (aur) apinion death occurred on the date pe that (IX(we) lost saw the deceased alive an... hospital death) ond hour and from the causes stoted obave. (X) (We) (did) (XXXt) view the body ofter deoth. the body was released must accident 23A. SIGNATURE 238. DATE SIGNED Attending [Med. Staff 10 Phys. Director approval O 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An HOSP ST AGNES 24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) eceased 0.0 REMOVAL (Specify) written shows: SD FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 3 70 VS 150-REV. 1/1/68

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	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occu	the chief medical examine	r or his assistant if death occu
the body was released to the hospital by a medical examiner. Also, if the direct or contril	al by a medical examiner.	. Also, if the direct or contri
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin	: (2) Body burns; (3) A fractu	ure of any kind; (4) Undetermi
was D.O.A. at a hospital (except where the physician who pronounced death was in regu	ere the physician who pro	onounced death was in regu
deceased prior to death); and (6) No physician was in regular attendance on the deceased	o physician was in regular	r attendance on the decease
written manner of the charing by the same and any both of disnoction is my	Amo ore remember out or ofte	almad or final disnocition is m

11	1 -1-	BALTIMORE CITY HEALTH DEPARTMENT
1	-623	BIRTH NO. 68-5072 CERTIFICATE OF DEATH REG. NO. 68-5072
	of death Of death Deceased te on the ath. Such	1. NAME OF DECEASED (Type or Pant) Marie A. Horstman May 13, 1968 P. M.
	nospita ise of (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived, If institution: lesidence before admission) A. STATE B. COUNTY
	0 0 0 0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Maryland Baltimore ()
		INSTITUTION D. INSIDE CITY LIMITS?
	ng cause; cause; affend ior to	Baltimore City Hospital (DOA) Edgemere YES NOK E. STREET AND NUMBER
	و م م م	2508 Lakeview Avenue
	tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9, AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	occur ontrib ermin regul eased is ma	Female White WIDOWED \ DIVORCED \ NOV. 10, 1093 74
	or condered and co	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Housewife 11. BIRTHPLACE (State or foreign country) Waryland U. S. A.
F :	was the spos	John Fuenfgeld 14. MOTHER'S MAIDEN NAME Barbara Lentz
TAN	he he kind kind deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (Iff yes, give wor of doles of service) No 16. SOCIAL SECURITY NO. 213-09-3491B Nr. John C. Horstman, 35 Rockywood Lane,
PORT	any if	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH Crebral Vascular Hemonlags Survey Leading TO DEATH
¥ .	Also Also noun atte	(A)IMMEDIATE CAUSE
ä	er. cturc cturc ar a	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
0	fra fra e	ANTECEDENT CAUSES (8) Hy per know and lase. Dis
S	× A × A × A × A × A × A × A × A × A × A	DISEASES OR CONDITIONS, if any, giving DUTTO, OR AS A CONSEQUENCE OF:
~ .	S E E	UNDERLYING CONDITION last. (C)
Δ.	edical burns; hysicia n was	z 443 X 11
Z Z	med med bu bu phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A).
NER	Body the price	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by the pital by re; (2) where No ph	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	و ع الا الم	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	2 - 5 - 5 - 5	(APPROX.) Work At Work
	th the	22. I certify that (1) (this haspital) attended the deceased from 1966 to May 13 1968,
		that (1) (war) last saw the deceased alive an 5 1/3 6 19 and that in (my) (pur) apinian death accurred an the date
	leased to leased to ident of hospital o death) I must be	and have and from the causes ated abave. (1) (4) (4) (did nat) view the bady after death. 23A. SIGNATURE A 23B. DATE SIGNED
	3 60 2 2 -	Attending Med. Staff Director Phys. 5/14/68
		23C. PHYSICIAN'S 23 D. ADDRESS
	certificate mubody was relevents: (1) An acci D.O.A. at a hased prior to	Roger G. Windsor M.D. 520 "D" St. Sparrows Point, Md. 21219
	2 6 0 5 Z	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	ws: ws: po D.	Burial 5/16/68 Baltimore National Temetery Baltimore, Maryland
	This certif the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR JOHN J. Duda, 7922 Wise Ave. Dundalk, Md.
		VS 150-REV. 1/1/6B

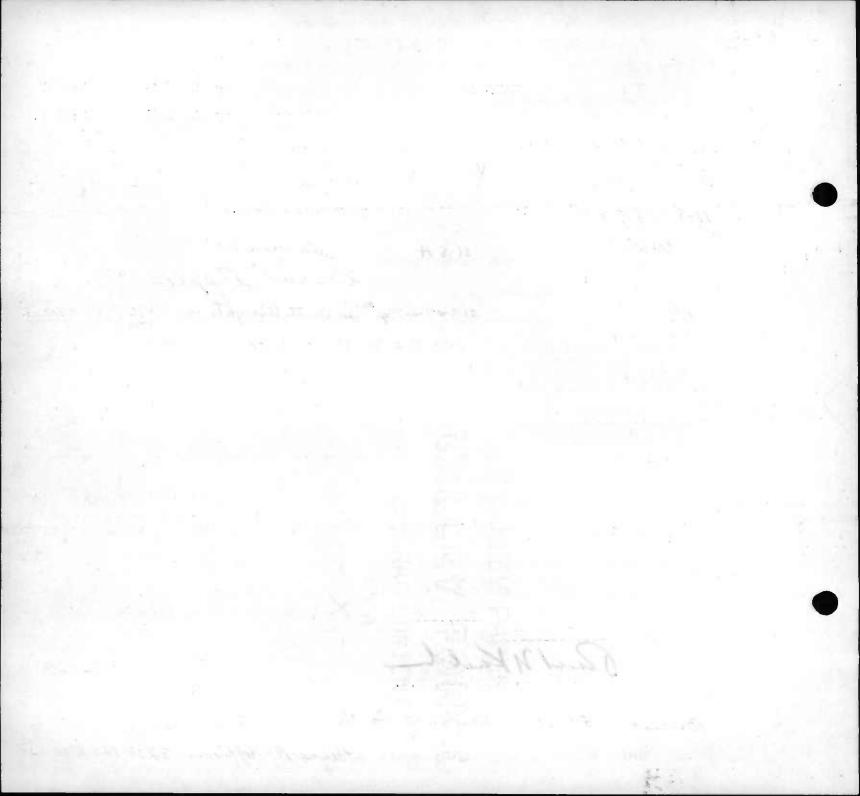




68- 5075 BALTIMORE CITY HEALTH DEPARTMENT

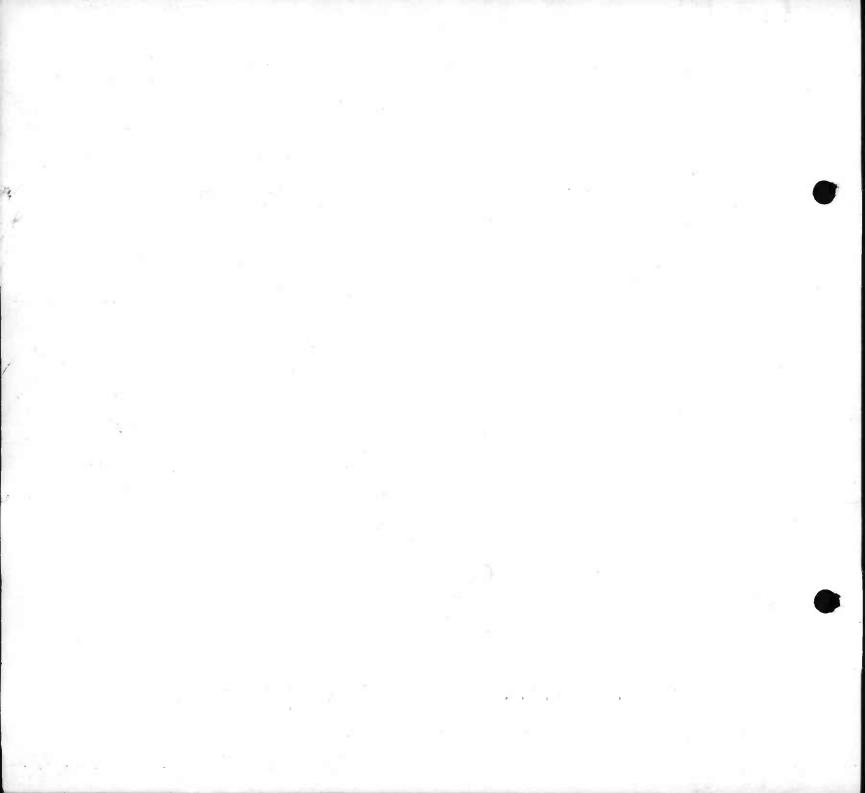
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 5075

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) JOHN WRIGHTSON	2. DATE Known Month Doy Yeor Hour OF Estimoted May 12, 1968
JOHN WRIGHTSON 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 12, 1968 12:45 P.M.
3907 Hudson Street	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES P 795
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
11-8-1893 lost birthdoy) 74 Months, Days, Hours, Min.	3907 Hudson Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	anna apple
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT - ADDRESS
(Yes, no or ynknown) (If yes, give wor or dotes of service) SECURITY NO.	Miliamit Wrighton 3907 Undsont
CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic Cardiovascular Disease
LEADING TO DEATH	AUSE
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (p)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	***************************************
E 422.1 11	
(C)	***************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED [21. AUTOPSY? (Yes or No)
	no
ZZA. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E INJURY OCCURRED.	
	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE
23.	
	tapsy and that on this basis, death in my opinion
resulted fram: Natural causes Accident Suicid	
ACTUAL () 1711/	CHIEF MEDICAL EXAMINER L
SIGNATURE World With M.D.	ASSISTANT MEDICAL EXAMINER 5-13-68
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY	
The state of the s	Paith Mo. Balto.
25 A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 14 1968 Robert E. Larlogna	Thehmale Hoffmann 3218 Hedson St
VS 151-REV. 1/1/6B	1/



		Y HEALTH DEPARTMENT REG. NO. 68- 5076						
	BIRTH NO. 68- 5076 CERTIFICA	TE OF DEATH						
	1. NAME OF DECEASED A Mas Tasia Skow Runs Ke	2. DATE AND HOUR OF DEATH MA 7 11-68 SA M.						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MD						
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN BALTIMONE D. INSIDE CITY LIMITS? YES A NO						
	4115 FAIRhoven que	E. STREET AND NUMBER 4/10 Face haven						
9								
шаа	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8, DATE OF BIRTH 1888 9. AGE (In years lost birthday) 2-27-88 9. AGE (In years Months; Doys Haurs; Min.						
Si L	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI							
10	dane during most of working life, even if relired) Ho use we fee	Pohend usa						
disposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
dis	Vauph DOMYSTOWSKA 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS						
final	(Yes, no ar unknown) (If yes, give war ar dates of service)							
or fi	CAUSE OF DEAL	H APPROXIMATE INTERVAL						
ed o	BETWEEN ONSET AND DEATH							
E	CThis does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE (In thrus cluth) (V. dwarfs) DUE TO, OR AS A CONSEQUENCE OF:							
embalm	hearl failure, asthenio, etc. It means the diseose, injury or complication which coused death.)							
	ANTECEDENT CAUSES (B) (B) (B) (B) (B)	S A CONSEQUENCE OF:						
are	rise to the above couse (A) stoting the	A CONSTRUCTION						
ains	4 22.1 II							
rem	of her significant conditions Contributing To the death but not related to the terminal	abily melly low 5 years						
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
ore the	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,							
befo	OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	office bldg., INJURY OCCUR?						
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
ained	(APPROX.) While At Not Whi							
obt	22. I certify that (I) (this hospital) attended the deceased fram	19 5 and that in (my) (ver) opinion death accurred an the date						
l be	that (1) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (We) (did) (did not)							
must	23A. SIGNATURE	23B. DATE SIGNED						
	23C. PHYSICIAN'S	ending Med. Shaff Director Phys. 5 23 D. ADDRESS						
approval	Sidney R. Gehlert, M.D.	4700 Pennington Avenue						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	Relatinore Mary and 2126 REMATORY 24D. COCATION (City, town, or county) (Stote)						
6		Cem. BAHD. 2/224 Hed.						

Scholar S-15-68 Holy Cross Com. LAND - 256. NAME OF REGISTRAR DESCRIPTION OF REGISTRAR DESCRIPTION OF REGISTRAR DESCRIPTION OF THE PROPERTY OF



VS 150-REV. 1/1/6B

5.5	BIRTH NO. 68- 5077 CERTIFICA	TE OF DEATH REG. NO. 68 5077
deat cease on th	T. NAME OF DECEASED (Type or Print) EARL LONESOME	2. DATE AND HOUR OF DEATH 5/14/68 8:00 A M.
s) De nce eath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY MARY CAND
cause use; (5 tenda r to d	HOSPITAL OR ADDRESS OR LOCATION HOSPITAL LUTAPLAN HOSPITAL	C. CITY OR TOWN BALTIMORE D. INSIDECITY LIMITS2 NO D
ing ca rio	OF MARYLAND	3516 SPZINGBALE AVENUE
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED V	B. DATE OF BIRTH 9. AGE (In years lost birthday) 12-1-28 9. AGE (In years Months Days Haurs Min.
deterin re in re decea	done during most al warking life, even it retired) U.S. G. G. V. T. U.S. G. G. V. T.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
(4) Undet was in the dec	13. FATHER'S NAME Percy E. Lonesome	14. MOTHER'S MAIDEN NAME Grace Amby
nd; nd; eath o on	15. Was Deceased Ever in U. S. Armed Forces? (Yes. no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
if th iny ki ed d dance or fin	Ves Korean 216-24-951 18. 3 7 7 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL
Also, e of a nounc atten	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	DISE Severa Ranal forhere
actur pror ular mbal	heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	a Electroly to lart-Conce
xami) A fr who ure e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONTROLLANCE OF
cal exns; (3) ician vas in rains a	UNDERLYING CONDITION Iosi. (c)	7000-200
medicy y burr physi ian w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. DISEASE OF CONDITION [178], CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
by a 2) Bod e the physic ore th	WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
wher No No	OR CONTRIBUTING CAUSE OF hame, larm, lactory, street, a permitted to the control of the control	21F. HOW DID INJURY OCCUR?
hos natu cept d (6)	OF INJURY (APPROX.) While AI Not White AI Not Work Not Work	
(e) du	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on	19 68 ond that in (my) (our) opinion death occurred on the date
dent of dent of lospital death) must be	ond hour ond from the couses stoted obove. (1) (We) (did) (did not)	23B, DATE SIGNED
a coincide de la coin	23C. PHYSICIAN'S NAME (Type)	
y was r (1) An a O.A. at a approv	SESIDERIO C. HEBRON, JK 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERY OF CR	
the body shows: (1) was D.O. deceased written a	TBUTUS 5-18-68 Arbutus Mem 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR' ADDRESS
‡4×9×	MAY 14 1968 OF LEED Z. Talkey	WM, C. MARCH 928 E. North Ace

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as the regularies and consequences were say

THE SHE SHE PROFE PRINTER PORK BUTE ME

Was C MARKET SEED E VENEZIONE

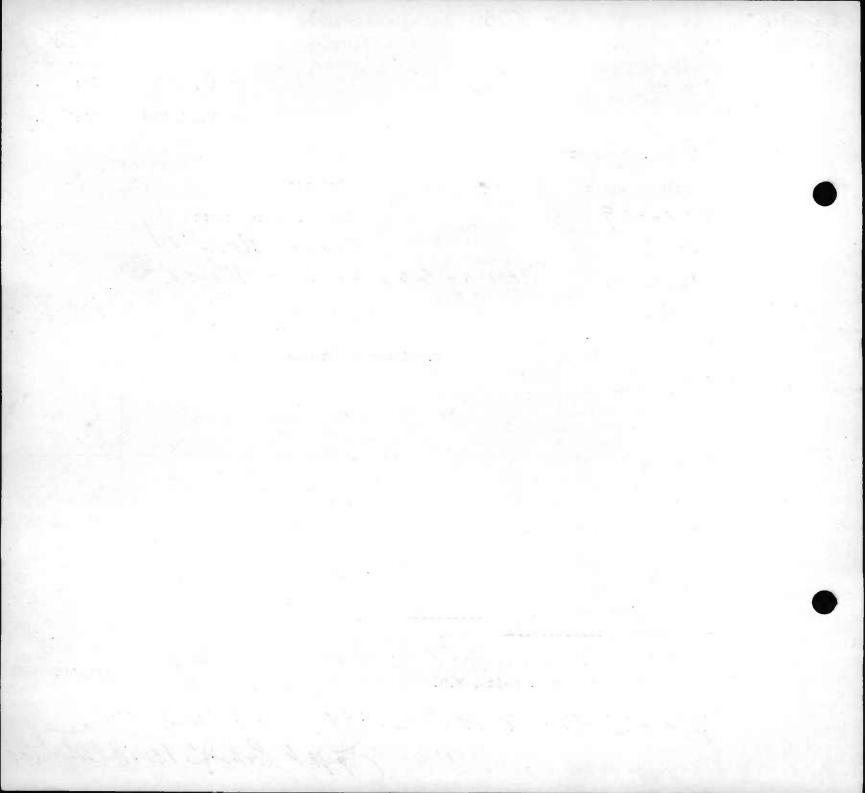
C-642

68- 5078 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

REG	NO	68-	507	18
RF(N()			

BIRTH NO.	REO, IVO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
MARTHA CARLOS	DEATH Estimoted & May 11, 1968 10:30 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD May 11, 1968 12:10 P.M.
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
	A. STATE B. COUNTY
1226 E. Eager Street	Maryland
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female negro WIDOWED DIVORCED	Baltimore VES X NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr	s. E. STREET AND NUMBER
8 - 1 (- 0 9 lost birthdoy) Months, Doys, Hours, Mi	
58 i i i 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1226 E. Eager Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
2.0.	Eaghk WHIMIGION
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
toolow CANNING FACTOR	y KASOTIA WILLY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Allert CARLOS 1226 E. EAGEL T
170	The Children Children
19. CAUSE OF DI	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Carcin	oma of Stomach
(This does not mean the mode of dying, e.g., DUETO, O	R AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	**************************************
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	PR AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
lõ————————————————————————————————————	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WAS PERFORMED 21. AUTOPSY? (Yes or No)
208. CONDITION FOR WHICH OPERATION	WAS PERFORMED
11 .17 /	No
	g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
	ffice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRE	D 22F. HOW DID INJURY OCCUR?
OF INJURY	OT WHILE C
(APPROX.) m. WORK A	T WORK
23.	
I certify that I held on Inquiry Inspection 1	Autapsy and that an this basis, death in my apinion
resulted from: Notural causes X Accident Suid	cide Homicide Undetermined monner
1,40	CHIEF MEDICAL EXAMINER
ACTUAL 1186 O	ASSISTANT MEDICAL EXAMINER XX
	A.D.
EXAMINER'S Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER 5/12/68
INAME (Type)	RY or CREMATORY 24D. LOCATION (City, town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	1. 10 Th 1
13URIAL 3/16/68 141 CAL	VAXY HIA. County. MO
23A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	(2sc. FUNERAL DIRECTOR ADDRESS
4 4 9 03 a	OF OF A W BOUND Probable
1 1000 DO RE Tarken	1 South Jocks & 1 South Comment
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



VS 150-REV. 1/1/6B

-652	CERTIFICATE OF DEATH
ath sed the cch	BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
S S S S S S S S S S S S S S S S S S S	(Type or Print) CTV imps Janie - May 11-1968 215 Pm
Dec Dec ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
6 1 5 e S	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND)
a ho saus se; (5 nda to d	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D INSIDE VITY LIMITS?
_ 0 5 0	36 T 10 (Baltimore VES NO)
ting d cau r att	Tranklin Square Hospital Fold Sticker St 23
- 300 0	1 301 N, 11MARE 1-3
tri fri	Annibute WIDOWED DIVORCED 2/26/9 Gost birthday
con refer ced	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country done during most of working life, even if retired)
de de	Retriel South Carolina USA
f d ct was	13. FATHER'S NAME
disp	Sim PERKING Comma GREEN
ind; eat eat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT WWW GRIMES SOIN SARIERED
find a k	
s as any ced nda or	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
lso, of of of or or or	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE
ono afm	(This does not mean the made of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:
ine act pr pr	injury ar camplication which coused death.)
fr fr ho eg	(B)
exe exg 3) A n	rise to the above cause (A) stating the
ins ins	UNDERLYING CONDITION last. (C)
dicc dicc Jrns ysic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
me me ph ph an e re	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
a ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by 2) B 2) B 6 t 6 t ore	
ther the lo	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
d by spit ture t wh t wh 6) N	21D. TIME (Month) (Doy) (Yeot) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ho ho nate ept	While At Not While Work
pro the ny exc an	22. I certify that (1) (this haspital) attended the deceased from April 9 1968 to 11 May 1988.
0 0 0 0	that (1) (we) lost sow the deceased alive an
sased to dent of ospital death) must b	and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE
must eleas ccide hos to de	Attending Med. Staff Staff
1 2 0 1 3	23C. PHYSICIAN'S 23D. ADDRESS
was was A. at prior	NAME Mypel Touch the Frank line Sange Hoop Tall
	24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certi the body shows: (1 was D.O. deceased	Brune 1/N/68 For arbutus arbutus Butomal 21227
the b show was l deced	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
サポポッカメ	MAY 14 1968 Plant & Fallent Mars Jail Holy 608 h Milmor of



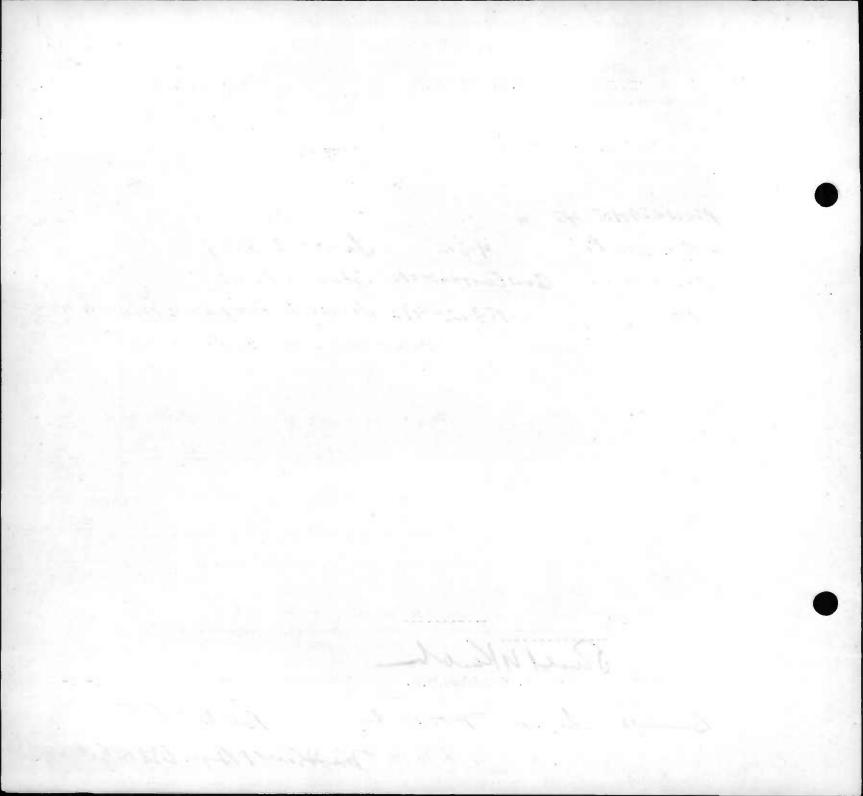
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68- 5080 BALTIMORE CITY HEALTH DEPARTMENT

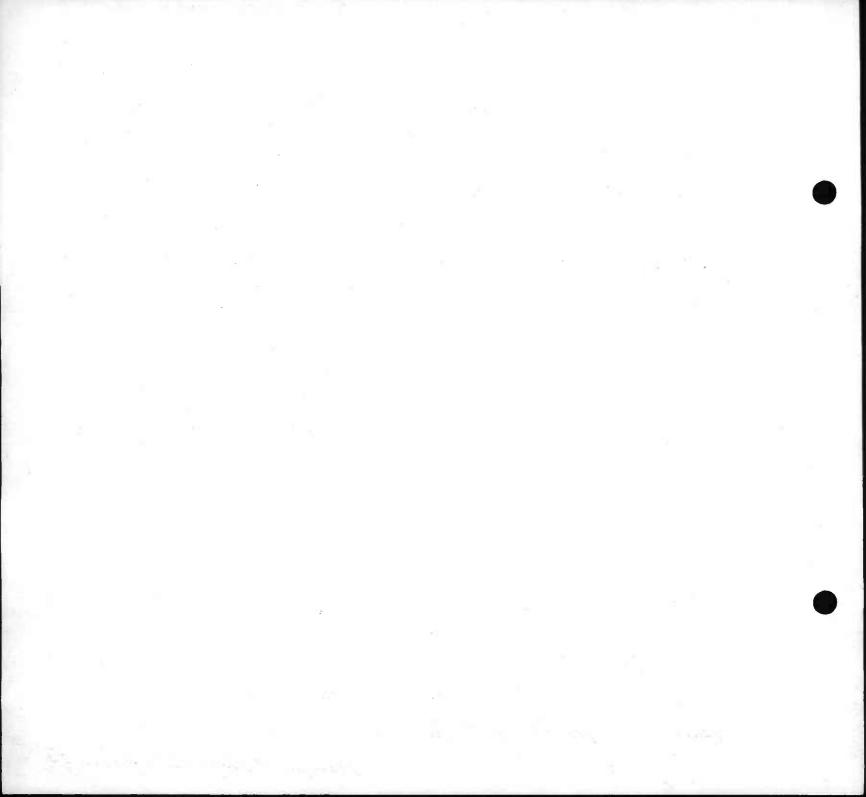
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

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0		-	-	4000	400	

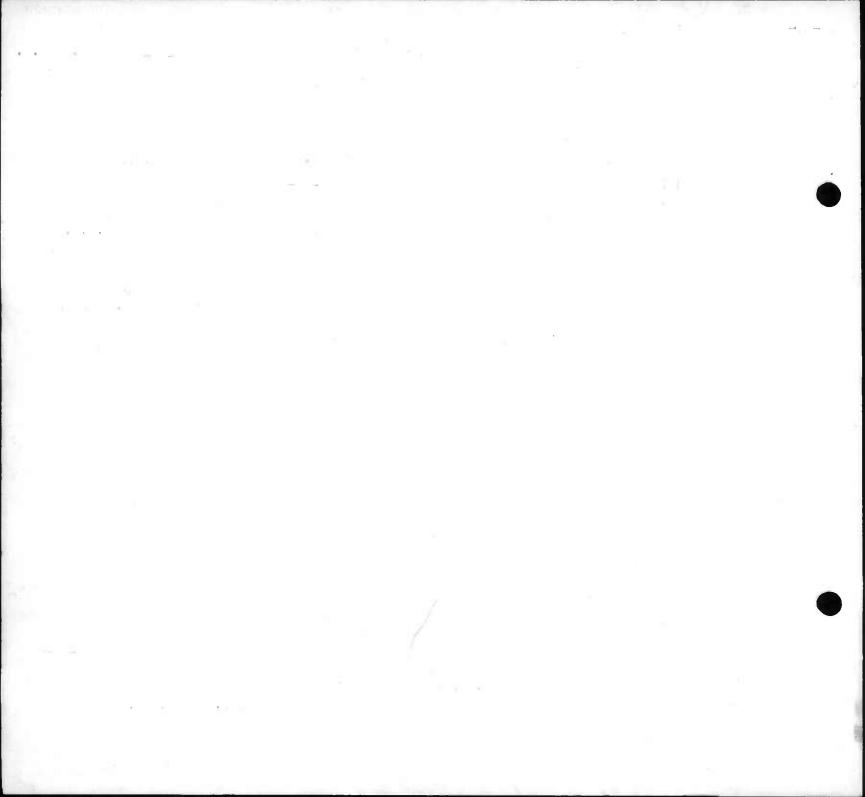
BIRTH NO.	REG, IVO.
NAME OF DECEASED (Type or Print) WILLIAM F. (LEVE') LEVY	2. DATE Known Manth Day Year Hour OF Estimoted May 13, 1968 1:40 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 13, 1968 1:40 A.
or institution 1501 W. Saratoga St	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. USIDE CITY CIMITS
Male Negro widowed □ Divorced 🔀	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. loss birthday) Months 1 Doys 1 Hours 1 Min	
MARCH 297925 243	2408 Edmondson Avenue
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired Contractor	Stezen LAMB
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO	JAMES D. LOVY 2408 Schmontsmine
19. // / CAUSE OF DE	ATH APPROXIMATE INTERVAL
7 2 7	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTES	osclerotic Cardiovascular Disease
LEADING TO DEATH (A)IMMEDIATE	
(This does not mean the mode of dyIng, e.g., heart follure, oshhenlo, etc., It means the disease, injury or complication which coused death.)	R AS A CONSEQUENCE OF:
ANITE CEDENIT CALIFEE	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	R AS A CONSEQUENCE OF:
The state of the s	
UNDERLYING CONDITION LAST. (C)	
E 422,1 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED : [21. AUTOPSY? (Yes or No.)
O	
	no
Section 222A	p., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) (INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	DT WHILE
m. WORK AT	WORK
	utapsy and that on this basis, death in my opinion
resulted fram: Natural causes Accident Suic	ide Hamicide Undetermined manner
7	CHIEF MEDICAL EXAMINER
SIGNATURE O Good of Michael M	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 5-13-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D, LOCATION (City, town, or county) (Stote)
Bun 3/16/68 MA m	hand Back "
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 1 4 1968 (0. 1 2 Sallens	printed willthan 639 in June 08
VS 151-REV. 1/1/68	



BIRTH NO.			01		DEC NO	0/3" 3223
			CERTIFICA	TE OF DEATH	REG. NO	00 0001
I, NAME OF DECEASED				2. DATE_AN	D HOUR OF DEATH	
(Type or Print)	INIE	PI	WAITE	Mac	12-196	8 G.D.S.A
3. PLACE IN BALTIMORE		WHERE PRONO	INCED DEAD		,	stitution: residence before admissi
THE TRAINS OF SERVICE			A. STATE B. COUN	TY		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Cin	1-	7 17	
HOSPITAL OR A	D DRESS OR LOC	ATION)		C. CITY OR TOWN	D/ INSI	DI CITY LIMITS!
				BALTIMON	0	YES NO
2		100		E. STREET AND NUMBER	-	
1210 199	NTLE A	706.		121019421	15 A 05	
5. SEX 6. RAC		T	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
CAMPUE COL	LOUK'D				lost birth	Months Doys Hours Min.
01101	UNIOS	WIDOWED		1106- 1010	_//	
done during most of working	life, even if retired)		BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or fore	gn country!	12. CITIZEN OF WHAT COUN
CUSTODIA	N	15500	ITY SNOP.	MA	NYLAND	U.SR.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
1	BROWN	/		E11. 1	0	
J 221-1				X/1A 6.1	AISIN	
15. Was Deceased Ever in (Yes, no or unknown) (If yes			1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, 3 01 001	. 3		FERREIA L.	110 121V	MARTGE AUG
		21-	015698A	DOU'L GI Y 173	HOU	1
18. 4/21	2		CAUSE OF DEAT	н		BETWEEN ONSET AND DE
	CONDITION DI			0 1 0-1	1	400 12 1
	NG TO DEATH		(A) IMMEDIATE CAL		mposin	10-12h
(This daes not med heart foilure, asthen			DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication			4 0	4		
ANTEC	EDENT CAUSES	S	At	Solo on		11 h = ====
DISEASES OR CO	H ZNOITIONS	any giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obo			1/	+ P. 1.	160	
UNDERLYING CON	DITION last.		(c) 17/10C	and again	of oscule de	ale alken.
443X	- II					
O OTHER SIGNIFICANT						
TO THE DEATH BUT I				*****************		
	TION 198. CON	IDITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
	WAS PER	RFORMED				
	1				IN CERTIFIING CA	USES OF DEATH?
19A. DATE OF OPERA	S UNDERLYING	7 21 B.	PLACE OF INJURY (e.g.,			
19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING	hom	ie, form, foctory, street, o	in or obout 21C. WHERE DID NJURY OCCUR?		e City, give exact location)
19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical	S UNDERLYING CAUSE OF ol exominer)	hom etc.)	e, form, foctory, street, o	in or oboul 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimor	
19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical	S UNDERLYING	(Hour) 21 E.	INJURY OCCURRED	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	
19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical	S UNDERLYING CAUSE OF ol exominer)	(Hour) 21E,	INJURY OCCURRED	in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medico of INJURY (APPROX.)	S UNDERLYING CAUSE OF DI exominer) h) (Doy) (Yeor)	(Hour) 21 E, Whi	INJURY OCCURRED ile At Not Whit	in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location)
27A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical of INJURY (APPROX.) 22. 1 certify that (1)	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor)	(Hour) 21 E, Whi Wol	INJURY OCCURRED ile At Not Whith At Work he deceased from	in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	
27 A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.)	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor)	(Hour) 21 E, Whi Wol	INJURY OCCURRED ile At Not Whith At Work he deceased from	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location) May 10 1965
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical post of injury (APPROX.) 22. I certify that (I that (I) (we) lost s	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito	(Hour) 21E, Whi Worl) ottended the	INJURY OCCURRED ile At Not Whith At Work he deceased from	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location) May 10 1965
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical post of injury (APPROX.) 22. I certify that (I that (I) (we) lost s	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito	(Hour) 21E, Whi Worl) ottended the	INJURY OCCURRED ile At Not Whith At Work he deceased from	in or obout 21C. WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID INJ	(If in Baltimor	e City, give exact location) May 10 1965
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical 21D. Time OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost s and hour and from	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito	(Hour) 21E, Whi Worl) ottended the	INJURY OCCURRED ILL At Not White the deceased from	21F. HOW DID INJ	(If in Baltimor URY OCCUR? 1953 to	e City, give exact location) May 1960 nion deoth occurred on the c
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical 21D. TIME (Mont) OF INJURY (APPROX.) 22. I certify that (I that (I) (we) lost sand hour and from 23A. SIGNATURE	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito	(Hour) 21E, Whi Worl) ottended the	INJURY OCCURRED ile At Not Whit rk At Work he deceased from (We) (did) (did not) v	21F. HOW DID INJ	(If in Baltimor URY OCCUR? 1953 toat in (my) (****) opin	e City, give exact location) May 10 1965 nion deoth occurred on the c
27A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I that (I) (we) lost s and hour and from 23A. SIGNATURE	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito	(Hour) 21E, Whi Worl) ottended the	INJURY OCCURRED ile At Not Whit rk At Work he deceased from (We) (did) (did not) v	21F. HOW DID INJ	(If in Baltimor URY OCCUR? 1953 to	e City, give exact location) May 1960 nion deoth occurred on the c
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical DEATH (notify medical PPROX.) 21D. TIME (Montify (APPROX.)) 22. I certify that (I that (I) (we) lost sand hour and from 23A. SIGNATURE	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito	(Hour) 21E, Whi Worl) ottended the	INJURY OCCURRED ile At Not Whit rk At Work he deceased from (We) (did) (did not) v	21F. HOW DID INJ	(If in Baltimor URY OCCUR? 1953 to	e City, give exact location) May 1960 nion deoth occurred on the c
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I that (I) (we) lost sand hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito tow the deceose the causes sto	(Hour) 21E, Whi Worl) ottended the	INJURY OCCURRED ile At Not Whith At Work he deceased from () (We) (did) (did not) of the property of the pr	21F. HOW DID INJ 21F. HOW DID INJ 19 and the view the body ofter deoth. 23D. ADDRESS 138 Edma	(If in Baltimor URY OCCUR? 1953 to at in(my) (****) opin Stoff Phys	e City, give exact location) May 10 1965 nion deoth occurred on the company of
21A. ACCIDENT WA OR CONTRIBUTING DEATH (notify medical DEATH (notify medical PPROX.) 21D. TIME (Montify Indianal Control of INJURY (APPROX.)) 22. I certify that (I that (I) (we) lost sand hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specify)	S UNDERLYING CAUSE OF ol exominer) h) (Doy) (Yeor) I) (this hospito tow the deceose the causes sto	(Hour) 21E, White World of the deliver on	INJURY OCCURRED ile At Not Whith At Work he deceased from () (We) (did) (did not) of the property of the pr	21F. HOW DID INJ 21F. HOW DID INJ 19 and the view the body ofter deoth. 23D. ADDRESS 138 Edma	(If in Baltimor URY OCCUR? 1953 to at in(my) (****) opin Stoff Phys	May 10 1965 nion deoth occurred on the d 238. DATE SIGNED 5-14-68 We Ballime My
19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING [DEATH (notify medical of Injury (APPROX.) 22. I certify that (I that (I) (we) lost sand hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specify)	S UNDERLYING CAUSE OF ol exominer) (h) (Doy) (Yeor) (I) (this hospito ow the deceose the causes sto	(Hour) 21E, Whit World of the delive on	INJURY OCCURRED ile At Not Whit rk At Work he deceased from (We) (did) (did not) DEGREE AHE of CEMETERY of CR	21F. HOW DID INJ le 21F. HOW DID INJ le 30 and the view the body ofter deoth. 23D. ADDRESS EMATORY 24D. by	(If in Baltimor URY OCCUR? 1953 to at in(my) (****) opin Stoff Phys	23B. DATE SIGNED S - 14 - 68 Ty, town, or county) (Stote
19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING [DEATH (notify medical of INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost s and hour and from 23A. SIGNATURE 24A. BURIAL CREMATION REMOVAL (Specify)	S UNDERLYING CAUSE OF ol exominer) (h) (Doy) (Yeor) (I) (this hospito ow the deceose the causes sto	(Hour) 21E, Whi World of the dalive on the dobove. (I	INJURY OCCURRED INJURY OCCURRED Ile At Not Whit At Work The deceased from DEGREE Attended Attended DEGREE Attended DEGREE Attended DEGREE	21F. HOW DID INJ 21F. HOW DID INJ 19 and the view the body ofter deoth. 23D. ADDRESS 138 Edma	(If in Baltimor URY OCCUR? 1953 to at in (my) (our) opin Phys	238. DATE SIGNED S - 14 - 68 When the design of the desi
19A. DATE OF OPERA 21A. ACCIDENT WA OR CONTRIBUTING [DEATH (notify medical of Injury (APPROX.) 22. I certify that (I that (I) (we) lost sand hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION REMOVAL (Specify)	S UNDERLYING CAUSE OF ol exominer) (h) (Doy) (Yeor) (I) (this hospito ow the deceose the causes sto	(Hour) 21E, Whi World of the dalive on the dobove. (I	INJURY OCCURRED ile At Not Whit rk At Work he deceased from (We) (did) (did not) DEGREE AHE of CEMETERY of CR	21F. HOW DID INJ le 21F. HOW DID INJ le 30 and the view the body ofter deoth. 23D. ADDRESS EMATORY 24D. by	(If in Baltimor URY OCCUR? 1953 to at in (my) (our) opin Phys	23B. DATE SIGNED S - /4 - 6 P W. Ballowell W. (Stote



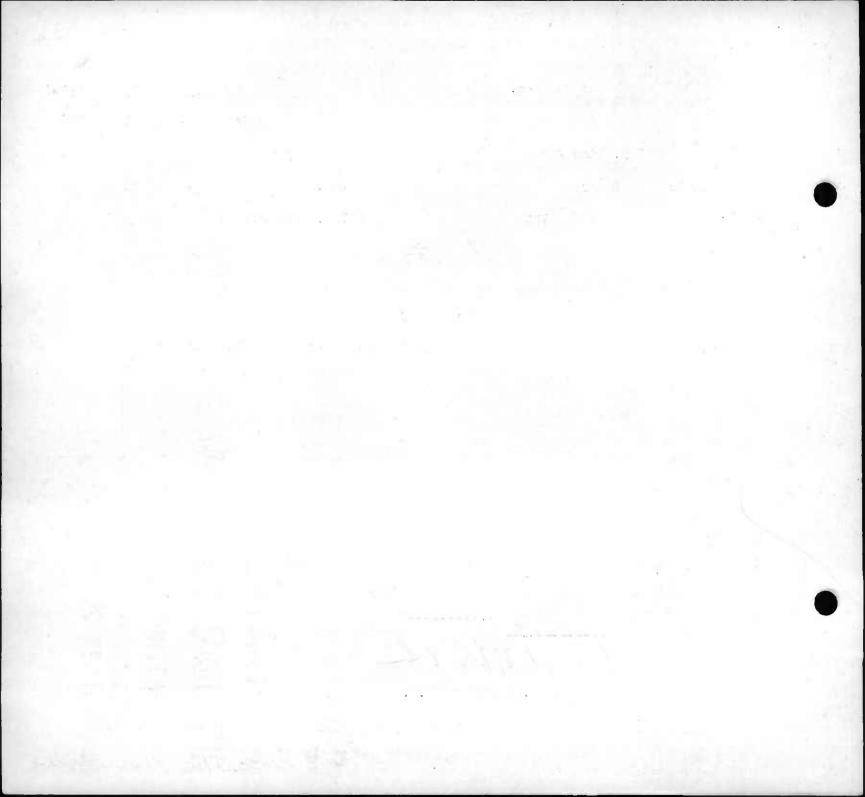
			HEALTH DEPARTMENT	0.0	7 5000		
BIR	17-320 68- 5082 CERTIF	FICA			8- 5082		
	AME OF DECEASED OF PRINTING OF LIFTON MATTHEWS	TAM V	THEWS 2. DATE AND HO	1963 13-	-68 9.00 P.M.		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where dee	Eased lived. If institu	tion: residence before admission)		
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE	EET	MARYLAND		-		
IN:	SPITAL OR ADDRESS OR LOCATION) THUTION BALTIMORE CITY HOS PITALS		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?		
	/ 4940 EASTERN AVENUE		BALTIMORE E. STREET AND NUMBER	YE	SX MO		
3	BALTIMORE, MARYLAND #21224		1522 N. MONROE S	TREET #2	1217		
5, 5	MALE NEGRO WIDOWED DIVORC	ED 🗌	4-3-03-07 last b	irthdoy) Mi	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN a during most of working life, even if retired)	DUSTRY	11. BIRTHPLACE (State or foreign co	untry) 12	2. CITIZEN OF WHAT COUNTRY		
			MARYLAND		U.S.A.		
13.	FATHER'S NAME UNKNOWN		4. MOTHER'S MAIDEN NAME UNK IDOWN				
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO		7. INFORMANT BALTTMORE	E CITY HOSP	TT A TADDRESS		
(16:	,no or unknown) (If yes, give wor or dates of service) SECURITY NO.		RECORDS: 4940 EASTE	CRN AVE. BA	LTO.,MD.#21224		
_	18. / CAUSE OF			21 21 12 6 9 221	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY	0 0.	a of layers & MI	toologi	BETWEEN ONSET AND DEATH		
	(A)IMMEDI	IATE CAUS	E // /	(asiases	2401		
	(This does not mean the mode of dying, e.g., DUETO	OR AS A	CONSEQUENCE OF:				
	injury ar camplication which caused death.)						
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the						
	UNDERLYING CONDITION last, (C)						
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			-			
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATIO	N	[20A. AUTOPSY? (Yes or No)] 20B	. IF YES, WERE FIND	DINGS CONSIDERED		
ERTIFIC	WAS PERFORMED		MO	CERTIFYING CAUSES	OF DEATH?		
AL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJUI	RY (e.g., in street, off	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)		
EDIC	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCUR	RED	21F. HOW DID INJURY	DCCUR?			
ME		Not While					
	Work 🔲 /	At Work	7-22 106	8	13 1068		
	22. I certify that (1) (this haspital) attended the deceased fra	ım	19	10. 3	19		
17	that (1) (we) lost sow the deceased olive on 3-13			(my) (our)) opinior	n deoth accurred on the dot		
	and haur and fram the causes stated above. (1) (We) (did) (Nic	d nat) v	ew the bady after death.	122	B. DATE SIGNED		
	Blugani - Techner MA DEC	REE Phys	ding Med. Staffy Director Physics		May 13, 1968		
	23C. PHYSICIAN'S BENJAMIN LECHNER, M.D. RENJAMIN (ECHNER)		3D. ADDRESS BALTIMORE C	TI TITO			
247	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER	Y or CRE	4940 EASTERN AVE		own, or county) (State)		
	REMOVAL (Specify)		O Bat	-	mil		
25/	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	22	25C. FUNERAL DIRECTOR		ADDRESS GOLL		
	MAY 1 4 1968 P. O. R. S. Fr. Com		Cocar De	Conson	7ne 1. 00 0 70		
VS	150-REV. 1/1/6B		Charact 10) II was an		



68- 5083

68- 5083 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

BIR	TH NO.											REG. NO.		
	NAME OF DECI	EASED						2. DATE	Knawn	X	Month	Day	Year	Haur
(1At	pe ar Print)		JOHN D	AVTS				OF DEATH	Estima	ted 🔲	5	9	68	3:50 pm.
4.	PLACE IN BALT	IMORE, MA			RONOUN	CED DEAD		3. DATE			Month	Day	Year	Hour
HO	L NAME OF SPITAL INSTITUTION		T IN HOSPITA SS OR LOCA		TITUTION,	GIVE STREET			JNCED DE	1	lay	9 ved. If institution	1968	3:50 p _{M.}
(00 517	N. Pi	ne Str	eet				A. STATE	Mary	yland		B. COUNTY		
6.	SEX	7. RACE		8. MARE	RIED N	EVER MARR	tED 🔲	C. CITY OR	TOWN			D. INSIDE CI	TY LIMITS?	
	Male	Colo	red	WIDOV	WED 🗌	DIVOR	CED 🗌	Balte	0.			7 -4	X	NO 🗌
9. 1	DATE OF BIRTH		10. AGE (In last birthda			1 Yr. If Under Doys , Haurs		E. STREET /	N. Pir		reet	1	01	
11.	BIRTHPLACE (St	ate or fareig	n cauntry)		12. CITIZ WHA	EN OF T COUNTRY	2	13. FATHER					1.1	
14A don	.USUAL OCCUP a during mast of we	ATION Give	kind al wark en if rehead)	O KINI	OF BUSI	NESS OR'IN	IDUSTRY	15. MOTHE	R'S MAIDI	EN NAM	ΛE			
16. (Ye	WAS DECEASE s, no or unknown)	D EVER IN (If yes, give v	U.S. ARMED	FORCE	5? 17.	SOCIAL SECURITY N	NO.	18. INFORM	TNAN		475	Al	DDRESS	
_	19. 44 , 6	-	1/2	7	7	AST -	OF DEAT	14					I AP	PROXIMATE INTERVAL
	4-1-2	162	/									1.		EEN ONSET AND DEATH
		OR COND		CTLY		-			cardio	ovaso	cular o	disease		
	(This does no heart failure, injury or cam	t meon the	mode of dy	e disease,			TO, OR A	S A CONSEQ	UENCE OF					
		TECEDENT				(B)								
2	DISEASES O RISE TO THE UNDERLYIN	ABOVE CA	USE (A) STA	Y, GIVING TING THE		(C)	TO, OR A	AS A CONSE	QUENCE C)F: 				
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	TH BUT NOT	RELATED TO	THE TERM	AINAL	****								
ERT	20A. DATE OF	OPERATION	20B. CO	NDITION	FOR WHI	CH OPER AT	ION WA	S PERFORM	\ED		17		21. AUTO	PSY? (Yes or No)
													1	No
EDICAL	22A. EXTERN UNDERLYING UTING CAL		TRIB-		228. PLAC	CE OF INJU	RY(e.g., reet, affice	in ar about 2 bldg., etc.)	2C. WHER	RE DID ((II in Boltimor	re City, give exc	_	
M	22D. TIME (oy) (Yea	r) (Hau	r) 22E.11	NJURY OCC	URRED	2	2F. HOW	DID IN	JURY OCCI	UR?		
	(APPROX.)				WHILE			WHILE						
	23.				m. WOR		AT W	OKK						
	1 certi	fy that I h	eld an I	nquiry [In	spection	Aut	opsy 🗌	and th	at an t	nis basis,	death In my	apinion	
	result	ed from:_N	atural cau	ses X	Accid	dent 🗌	Suicid	e H	omicide [Undetermi	ned monner [
					111	7 ,	1		CHIEF ME	DICAL E	XAMINER			DAYE SIGNED
	ACTUAL	DE 1	had	1 1		wit	T.M.D	- ASSI	STANT ME	DICALE	XAMINER	X		DATE SIGNED
	SIGNATU		- U-2	1	11				CIATE ME	DICALE	XAMINER			
	NAME (T		Ronald	N. K	Cornbl	um, M.	D.						ay 10,	1968
	A. BURIAL CREM MOVAL (Specif	ATION, 2	4B. DATE		24C. N	AME of CE	METERY	or CREMATO	DRY	24D.	LOCATION	(City, town	n, ar county) (State)
	Buys	2	5-1	768	1	xello	8	nut (ul		Be	elo	me	1
25	A. DATE REC'D	BY HEALTH	SER O	258.	NAME OF	REGISTRAR	MO.	& Ric	FUNERAL DU	DIRECTO	OR	MON M	DDRESS	He hes
VS	151-REV. 1/1/68								t		-cyc.	LUW L	- Car	71-1



VS 150-REV. 1/1/68

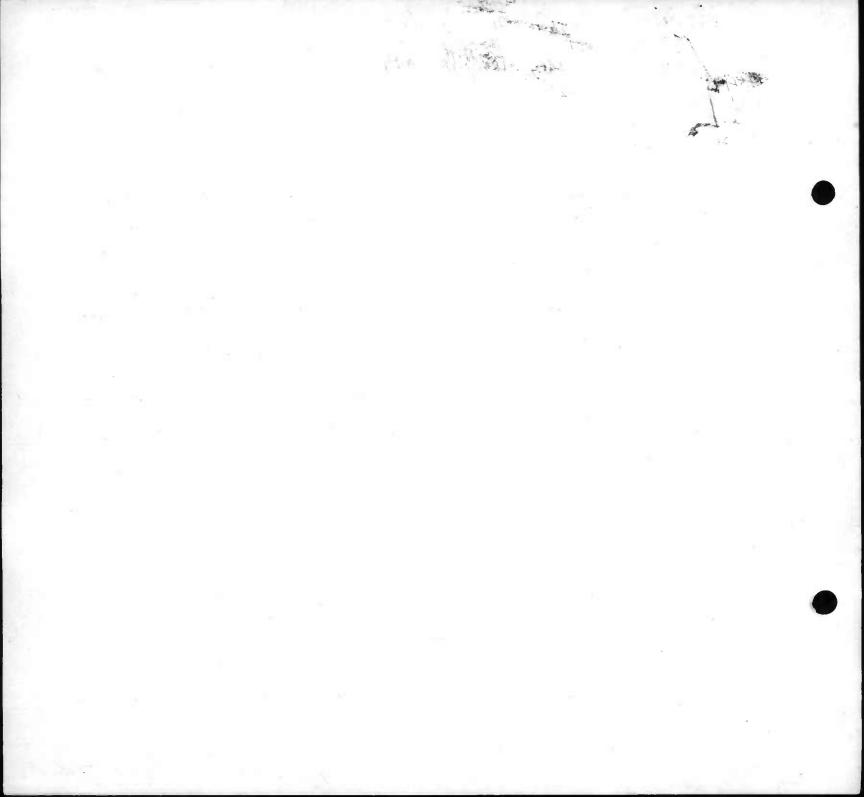
				HEALTH DEPARTMENT		68- 5084
7	#	68- 508	4 CERTIFICA	TE OF DEATH	REG. NO	0004
	BIRTH	ME OF DECEASED			HOUR OF DEATH	2 .
		or Print)	lewis	Ma	n 12 692;	8 230 A.M
	3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If insti	tution: residence before admission)
	FULL	NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ION. GIVE STREET	MAL	1 . 1 1	7 4
	HOSE	PITAL OR ADDRESS OR LOCATION) TUTION		C. CITY OR TOWN	D. INSI	CHY DWIIS?
				Battomora	•	YES NO I
	14	entherm Hosp.		E. STREET AND NUMBER		,
	16			B. DATE OF BIRTH	AGE (In veors	If Under 1 Yr., If Under 24 Hrs.
3	5. SEI	MARKIEU			ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
2	IOA L	JSUAL OCCUPATION (Give kind of work 10B, KIND OF	DIVORCED DIVINESS OF INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12, CITIZEN OF WHAT COUNTRY?
:		during most of working life, even if retired)			,.	U.S. A.
	12 5	ATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN NAM	E	., .) . 14-
	13. FA	T I		14. MOTHER'S MAIDEN NAM		
1	10.55	Ames Johnson	(-0.0111	17. INFORMANT	ing blood	ADDRESS
;	15. W. (Yes, n	os Deceased Ever in U.S. Armed Forces? no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	INFORMANT /	,	ADDRESS
	1	No		WillAme J	pekin	Jame.
5	11	398XI	CAUSE OF DEAT	Н	1	BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Protentile Co	Ndire.	muis
		This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	howthm in	
3		hearl foilure, osthenio, etc. It meons the diseose, injuty or complication which coused death.)	0.1	10	, regularization	
		ANTECEDENT CAUSES	1 RHA	semplic Jean	1 Duedse	years
0		DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
3		ise to the obove couse (A) stating the UNDERLYING CONDITION tost.	(C)			
5		4/6 X II	(-),	-		
5)	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ט	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	UICH OBERATION	[20 A. AUTOPSY? (Yes or No)	208 IE VEC MEDE EIN	NDINGS CONSIDERED
	CERTIFICATION	9A. DATE OF OPERATION 198. CONDITION FOR WI	HICH OPERATION	ZVA. AUTOPST: (Tes of No	IN CERTIFYING CAUS	SES OF DEATH?
0	S S	TA. ACCIDENT WAS UNDERLYING 218. P	LACE OF INJURY (e.g., i	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
96	C	DR CONTRIBUTING CAUSE OF home, DEATH (notify medical examiner)	form, factory, street, o	mice bidg., INJURY OCCUR!		
0	MEDIC		NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	1	OF INJURY APPROX.) Work	At Work			,
2	2	2. I certify that (1) (this hospital) attended the		3/30// 19	9 68 to	5/12 1968
0		ho (1)(we) last saw the deceosed alive on	4/20	, ,		on death occurred an the dote
2						
2	11 1	and hour and from the couses stated above (1)			[2	3B. DATE MIGNED
		Elijah Jamal	7.4 Dh.	ending Med.	Shaff Phys.	5/14/68
D >	2	3C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	, 1	11/10
0		ELIJAH SAUNDE	es m.D.			
0			ME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	, town, or county) (Stote)
=	n	not the topection	A (A	2 "1	- /
-	11 45	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. Auburn	(Y	sall me	md.
	25A.	DATE REC'D BY HEALTH DEPT. 258, NAME OF	REGISTRAR REGISTRAR	25C FUNERAL DIRECTOR	5 All mare	ADDRESS



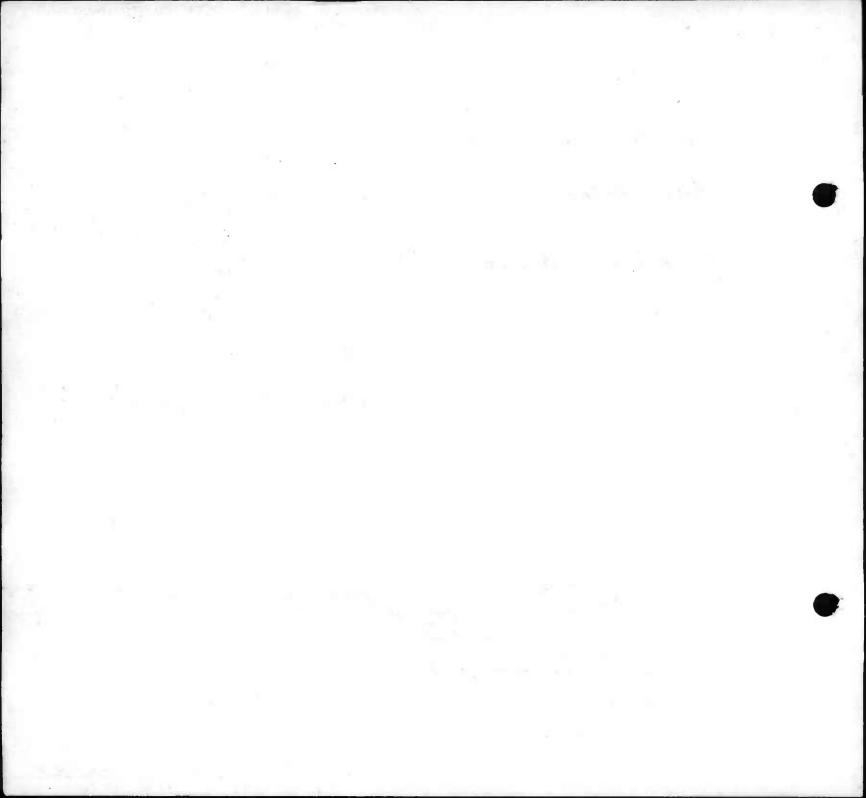
BALTIMORE CITY HEALTH DEPARTMENT 68- 5085 CERTIFICATE OF DEATH Such Deceased I, NAME OF DECEASED 2. DATE AND 0 JENNIE VIRGINIA ANDERSON death. 4. USUAL RESIDENCE (Where of A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance MD BACT FULL NAME OF HOSPITAL OR INSTITUTION cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN 0 BALTIMORE UNIV. OF MD. HOSPITAL E. STREET AND NUMBER 2013 Undetermined made regular S. SEX 6. RACE B. DATE OF BIRTH · MARRIED NEVER MARRIED deceased 5 NEGRO WIDOWED DIVORCED 10A. USUAL OCCUPATION Cime hind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign disposition done during most of working (ite, eyen/if reffred) Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACKSON MICHAEL 00 death 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 7. INFORMANT kind final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance CAUSE OF DEATH any 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying exheat failure, asthenia, etc. It means the areas. DUE TO, OR AS A CONSEQUENCE OF injury or complication which coused death.)-ANTECEDENT CAUSES BASILAR are DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, Convings rise to the above cause (A) stating SUBDURAL UNDERLYING CONDITION last. physician the remains 332 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH SPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED before OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 27C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where °Z DEATH (notify medical examiner) nature; 21F. HOW DID INJUR obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 Not While (except While At (APPROX.) Work any 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on be death) and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE Attending [approval onica 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS i UNIU. HO KLUGE 19 . D . DEGREE RONICA 24A. BURIAL CREMATION, eceased 0.0 REMOVAL (Specify) 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 90 3 70

VS 150-REV, 1/1/68

REG. NO. 68 5085
HOUR OF DEATH
deceased lived. If institution: residence before admission)
D. NSIDE GITY LIMITS?
LEM AVE
AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
95 country) 12. CITIZEN OF WHAT COUNTRY?
И.5.Д,
SHMAN
ADDRESS
Soras San APPROXIMATE TINTERVAL
BETWEEN ONSET AND DEATH
PREUMONIA 11 days
THROM BOSIS 2 WKS
EMATOMA) 2 WKS
OB. IF YES, WERE FINDINGS CONSIDERED
OB, IF YES, WERE FINDINGS CONSIDERED N CERTIFYING CAUSES OF DEATH?
(If in Boltimore City, give exact location)
occur Ave
ill going to lathern
118 10 5/10 1968,
in(my) (our) opinion death occurred on the date
23 B. DATE SIGNED
ff s. D
BALT. MO.
ATION (City, lown, or county) (Stote)
ADDRESS
on 1000 Deally le



BIRTH NO.	00- 000	CERTIFICA	TE OF DEATH	REG. NO	00 0000
1. NAME OF DECEASED (Type or Print) IESSE	Mita <	Terret	2. DATE AN	11 1968	730 A
3. PLACE IN BALTIMORE MA	11112	CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If inst	titution: residence before admis
INSTITUTION	IN HOSPITAL OR INSTITUT S OR LOCATION)	*	MARGLAND C.CITY ORTOWN BALTIMORE	D INSID	CITY LIMITS
UNIVERSITY O.	F MARYLAND 1	405P-TA/	E. STREET AND NUMBER	FREEMONT	AUENVE
5. SEX 6. RACE	7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 Months: Doys Hours M
MALE NEG,			MARCH 4, 1905	63	
done during most of working life, ev		OSINESS OF INDUSIE	Washington	10-01	12. CITIZEN OF WHAT COU
13. FATHER'S NAME CHARLES	STEWART		14. MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. S (Yes, no or unknown) (If yes, give	Armed Forces? wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1_1	ADDRESS
J18. 7 9 = 9 1	no	CAUSE OF DEAT	milched V. Ste	woul for	APPROXIMATE INTERV
DISEASE OR CON	DITION DIRECTLY	CAUSE OF BEAT			BETWEEN ONSET AND I
LEADING T		(A)IMMEDIATE CA	USE ADATIC INSUFF	ICIBNES	4 EARS
(This does not mean the heart failure, asthenia, et injury or complication wh	. II means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDEN	T CAUSES	(B)	SypHiTic Aon	TITIS	5EAR 5
DISEASES OR CONDIT		DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYING CONDITION		(c)			
O 2 3 X II					
O THER SIGNIFICANT COND TO THE DEATH BUT NOT R DISEASE OR CONDITION G	ELATED TO THE TERMINAL				
	19B. CONDITION FOR WE		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CA	JSE OF home,	LACE OF INJURY (e.g., form, foctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exect location)
21D. TIME (Month) (D	oy) (Year) (Hour) 21E. II	NJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?	
(APPROX.)	While	At Work	le 🔲		
	s haspital) attended the			968 to BA	4 1) 196
	e deceased alive on			at in my (our) apin	ian death occurred on the
and hour and fram the c	auses stated abave.	(We) (did) (did not)	view the bady after death.		23B. DATE SIGNED
21 2.	Jellini,	AH Ph	ending Med. Director	Staff Phys.	230, DAIL SIGNED
23C. PHYSICIAN'S NAME (Type)	he leella		23D. ADDRESS.	E 1000	and Party W
24A. BURIAL CREMATION, 24	B. DATE 24C.NAN	ME OF CEMETERY OF CE	CNIVENSITY DEMANDER 1	OCATION (City	, town, or county) (St
REMOVAL (Specify)	5-1568 711	felm	Cart	Butto	m
25A. DATE REC'D BY HEALTH	DEPT. 258. NAME OF	REGISTRAR	250 EUNERAL DIRECTOR	suve .	ADDRESS
MAY 14	1300 OF COM	E. Jaken	May Olivers	01/00/1	ranthy he
VS 150-REV. 1/1/6B			-		



was D.O.A. at a computed (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such western and the deceased prior to death. Such western and must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

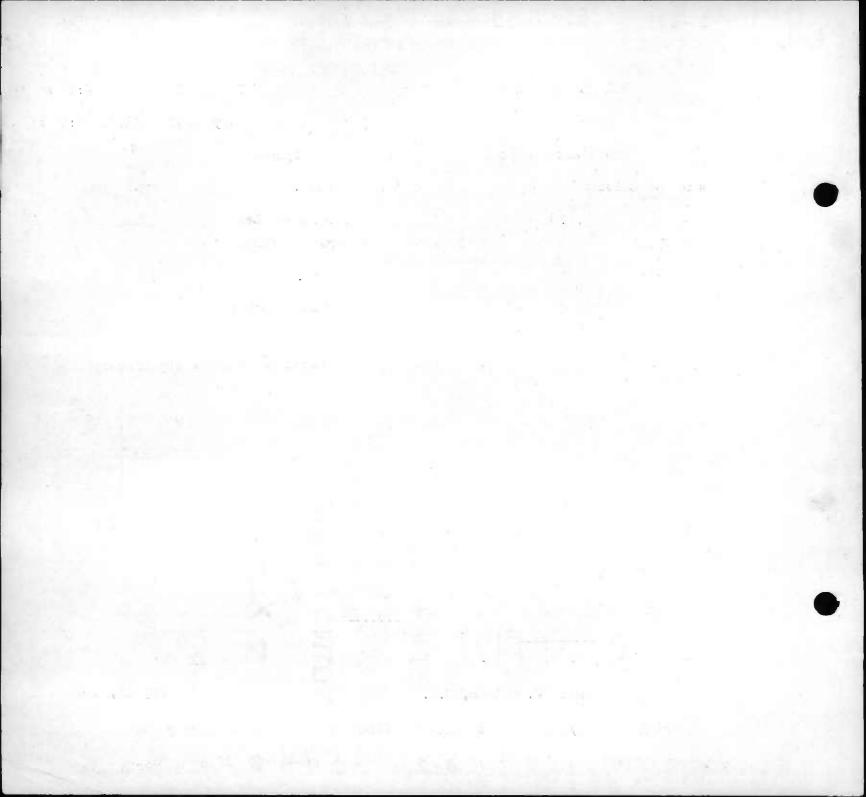
BALTIMORE CI	TY HEALTH DEPARTMENT
0-317 68- 5087.CERTIFIC	ATE OF DEATH
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
BERTHA JACOBS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	May 10, 1968 10:20 A M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Wheel deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY MARYLLAND CITY OF BALTIMORE
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN BALL I MORE D. INSIDE CITY LIMITS?
THE JOHNS HOPKIENS HOSPITAL	E. STREET AND NUMBER 605 E. CHASE ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
FEMALE NEGROID WIDOWED XX DIVORCED	2-6-1905 63
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most Sworking life, even if refired)	TRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CLARK WILLIAMS	HENRIETTA WHITAKER
5, Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
na.	Kuille Wealherber 804 Wheeshirte &
1B. / S / 9 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE ON CONDITION DIRECTLY LEADING TO DEATH	Matestatic gastric 6 weeks
(This does not mean the mode of dying, e.g., DUE TO, OR A	AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	9 deno careinoma
ANTECEDENT CAUSES	scielle Sensis 2 merks
Diseases on Contribute, if any, giving	AS A CONSEQUENCE OF:
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost, (C)	
15-1X II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bidg., INJURY OCCUR?
▼ DEATH (notify medicol cominer) etc.)	office bidg., INJURY OCCUR?
Q 21D.TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Work At Wo	
22. I certify that (this haspital) attended the deceased fram	10 11
that (1) (we) last saw the deceased alive an May 10	19 68 and that in (m) (aur) apinion death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did not	
23A. SIGNATURE	23B, DATE SIGNED
C 0 0 9 0 1	Attending Med. Staff Phys. May 10, 1968
23C. PHYTICIAN'S NAME (Type)	Phys. Director Phys. 23D. ADDRESS
JOHN D. GRABER	JOHNS HOPKINS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	
But a 5-14-10 MATALLE	white Matter mil
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
MAY 14 1968 12 0 48 Fallen	Machilera 1100/2 thisks 21210
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1 Statestall Private Sand P Hebrielli Sagri Secret Pl

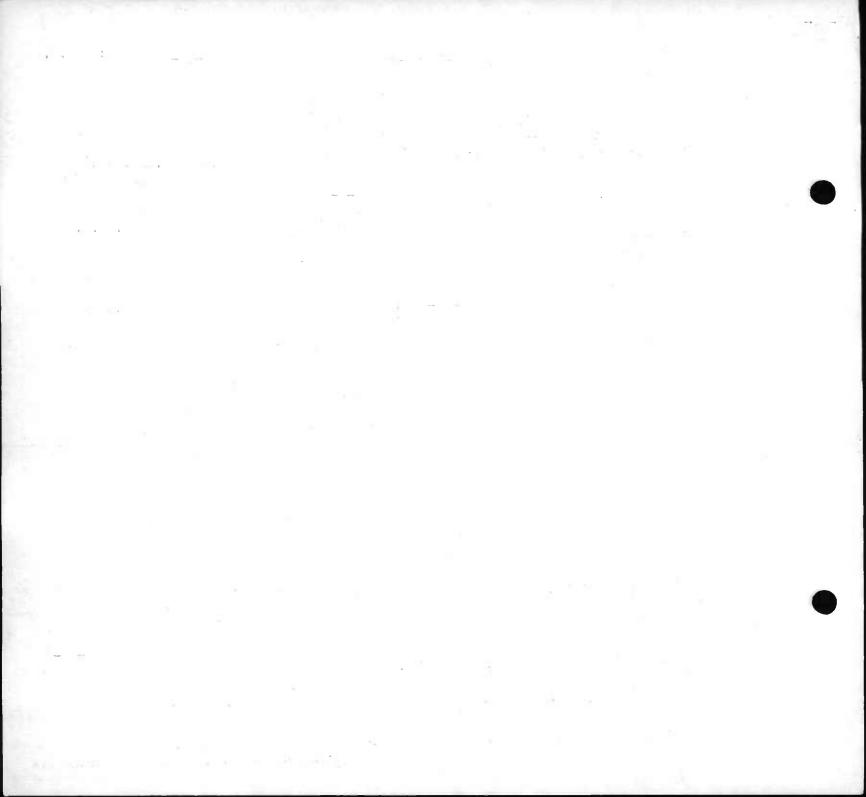
68- 5088 BALTIMORE CITY HEALTH DEPARTMENT

68- 5088

BIRTH NO.	74122	TOAL LA	AMII IEKO (2 L. 1 (1 1)	CATE OF	DEATH	REG. NO			
I. NAME OF DEC	CEASED			2. DATE	Known 🛣	Month	Day	Year	Hour	
(Type or Print)	ROY ALBERT	BRISCOE		OF DEATH	Estimoted	5	13	68	6:10	а м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					INCED DEAD	May	13	1968		0 ам.
24	Provident I	Hospital		A. STATE	SIDENCE (Where	В.	d. It institution: COUNTY	: residence b	efore odmis	ision)
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR			D. INSIDE CIT	TY LIMITS?		
Male	Colored	WIDOWED		D.	alto.			-F		
9. DATE OF BIRT		n yeors If Un	der I Yr. If Under 24 Hrs. hs. Doys Hours Min.	E. STREET	ND NUMBER Brooks	Lane	1	5	01	
Marylar Marylar	State or foreign country)		HABOUNTRY?	13. FATHER Rober	SNAME					
14A.USUAL OCCU	JPATION (Give kind of work working life, even il retired)	14B. KIND OF B	SUSINESS OR INDUSTR		adie	ME				
	ED EVER IN U.S. ARME (If yes, give wor or dotes		17. SOCIAL SECURITY NO.	M S		iscoe	AE	DDRESS		
19.	IL O.		CAUSE OF DEA	TH					PROXIMATE IN	
(This does r heart failure injury or coi A DISEASES RISE TO TH UNDERLY!!	GE OR CONDITION DIRE LEADING TO DEATH not meen the mode of dide, osthenio, etc. It meens the mplication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.	ying, e.g., e diseose, oth.)	(B)	CAUSE]		overdos	se (by	Histor	'y)	
O THE DE	VIFICANT CONDITIONS C ATH BUT NOT RELATED TO R CONDITION GIVEN IN F	THE TERMINAL					• 10 10 10 10 10 10 10 10 10 10 10 10 10		등 전 전 m m m 전 전 전 주 · · · 전 전 ·	
20A. DATE O	F OPERATION 208. CO	NDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	or No)
10								YE	ES	
UNDERLYING	RNAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH.	22B.P home	LACE OF INJURY (e.g., , form, foctory, street, office	in or obout 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Saltimore	City, give exo	ct locotion)		
22D. TIME OF INJURY (APPROX.)		· w		WHILE D	2F. HOW DID IN	JURY OCCUR	?			13:41
		Inquiry 🗌	Inspection Au	topsy XX	and that an t			-i		
	ted from: Natural car	505 XX	seident Suicio		omicide CHIEF MEDICAL	Undetermine EXAMINER	d manner L		DATE SIGI	NED
SIGNAT EXAMIN	UR	500	1 ISU M.C).	STANT MEDICAL		KOX.		DAIL SIO	125
NAME (F. Wilso	on. M.D.	7330	C.A. III. DI OAL		Ma	y 13.	1968	
24A. BURIAL CRE REMOVAL (Spec	MATION, 24B. DATE	240	C. NAME of CEMETERY			LOCATION		, or county)	(Sto	ite)
B uria				Cemet in				Md DDRESS		
ZSA. DATE REC'D	BY HEALTH DEPT.	ZJD. NAME	OF REGISTRAR	230.	FUNERAL DIRECT					
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VS 151-REV. 1/1/6	8									



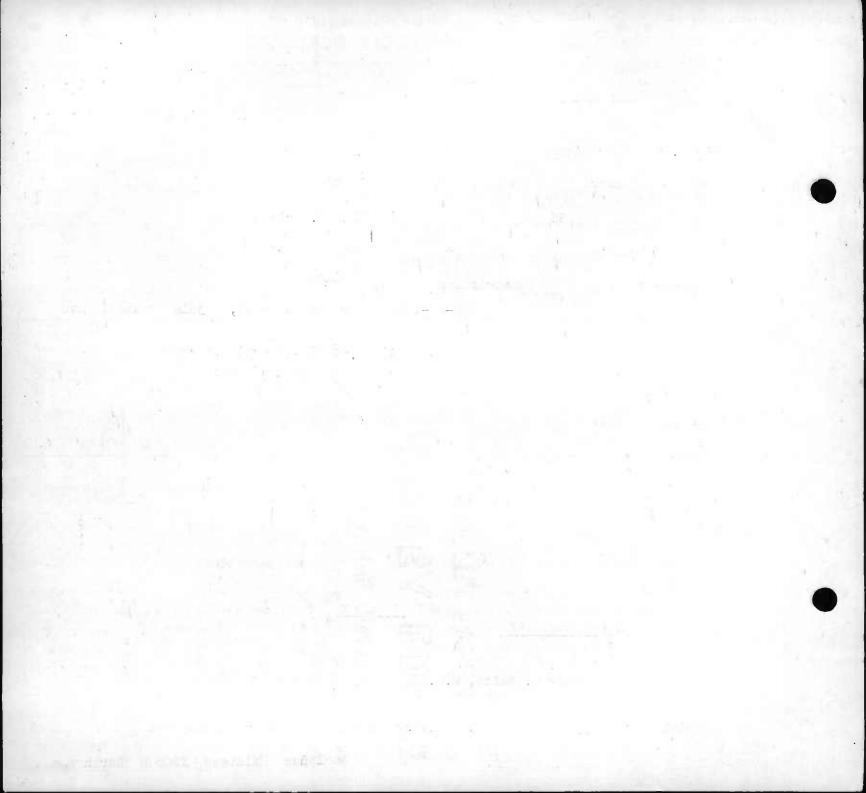
7	0-542 68-	TINS	HEALTH DEPARTMENT REG. NO.	68- 5089
	H NO.	CERTIFICA	TE OF DEATH	00 000
	Or Print) DANIEZ	S DANTELS JAMES	12 MAY 5-13-6	8 10:25 P.M. Pm.
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If in	nstitution: residence before admission)
HOS	PITAL OR ADDRESS OF LOCATION	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	IDE CITY LIAMS?
INZI	HUTTON BALTIMORE CITY HOS.		BALTIMORE	YES NO
13	BALTIMORE, MARYLAN		E. STREET AND NUMBER	10.1001
S. SE	<u> </u>	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Ye If Under 24 Mrs
M		OWED DIVORCED	5-9-88 lost birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, K during most of working lite, even if retired)	IND OF BUSINESS OR INDUSTRY	- Company and the second secon	12. CITIZEN OF WHAT COUNTRY?
10 -	Laborer		VIRGINIA	U. S.A.
13. F	JOHN		14. MOTHER'S MAIDEN NAME LUVENIA BROADERS	
1S. W (Yes,	os Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO. 299-03-0501	RECORDS: BALTIMORE CITY HO	
1	8. // 0 1 1 1 1 1 K K X	CAUSE OF DEAT		BALTO MD. 21224 APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTL	Υ	0 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying		A CONSEQUENCE OF:	
	heort loilure, asthenia, etc. II means the d injury or complication which caused death	iseose,	. 1	73.45 MB
	ANTECEDENT CAUSES	(B)	CONGESTIVE HEART	FAILURE
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stolin UNDERLYING CONDITION last.	a tha	10SCLEROTIC C-V J	DISEASE
FI	JARANA CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS THE TERM OF THE THE TERM OF THE TERM OF THE TERM OF THE	UTING PROSTATIC	APENO CA, COPD, DIVE	RTICULOSIS
	9A-DATE OF OPERATION 198. CONDITION WAS PERFORME	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
A C	TTÀ. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or about 21 C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?	re City, give exoct locotion)
3 0	PTD. TIME (Month) (Doy) (Yeor) (Hou DE INJURY APPROX.)	While At Work At Work		
	2. I certify that (1) (this haspital) atte		SEPTEMBER 1966 10/2	MAY 1968.
	het (1) (we) last saw the deceased ali			inian death accurred an the date
-	and haur and from the causes stated at	pave. ((We) (did) (did nat)	view the bady after death.	DATE SIGNED
	Mal Do	ALLOW MD AM	ending Med. Shaff	23 B. DATE SIGNED 12-68
2	3C. PHYSICIAN'S	eman / Phy	23D. ADDRESS BALTIMORE CITY HOSP	PITAIS
	MELVYN S. TOCKMAN,	MD.	4940 EASTERN AVE., BALTO.,	
24A.	BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR		ity, town, or county) (State)
	Burial 5/17/68		etry A A County	Md
2SA.	DATE REC'D BY HEALTH DEPT. 25B, 1	NAME OF REGISTRAR	Adolphus Halstead 120	O6 W north Ave
VS 19	MAY 14 900 UI V	TO CONTRACTOR		M M-



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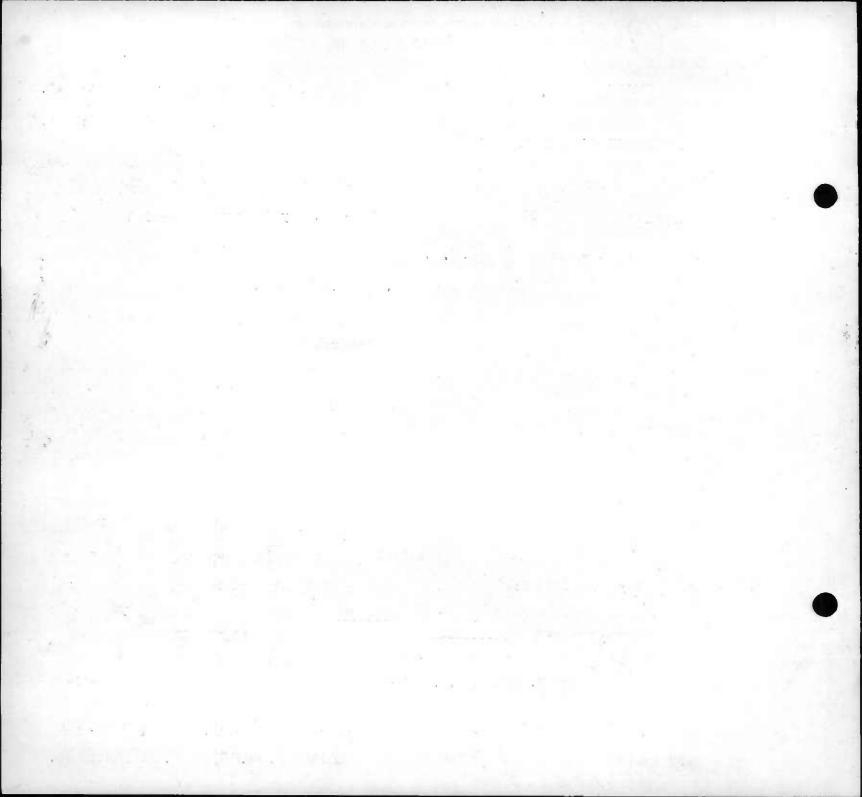
68	5090	BALTIMORE CITY HEALTH DEPARTMENT	
		XAMINER'S CERTIFICATE OF DEATH REG. NO. 68-	509

BIRTH NO.												
1. NAME OF DEC					2. DATE OF	Known X		Month	Doy			Hour
HERSHEY BIRD					DEATH	Estimoted	L	May	13	, I	968	11:10 🚓
4. PLACE IN BAL	TIMORE, MARYLAN	D, WHERE PI	RONOL	INCED DEAD	3. DATE			Month	Doy	١	eor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO ADDRESS OR L		TITUTIO	N, GIVE STREET	5. USUAL R	ESIDENCE (W		May		tion: resid	lence be	11:10 A M. fore odmission)
St. Agr	nes Hospita	1			A. STATE Mary	land			B. COUNT	Υ	-Circle	
6. SEX	7. RACE		RIED 🗌	NEVER MARRIED	C. CITY OF				D. NSIDE	CITYLIN	AITS?	
male	negro	WIDOV	_	DIVORCED	Balt	imore			16	YES AX	N	0 🗆
9. DATE OF BIRTI	H 10.AG	E (In years	If Und	er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMBER	R		4	123 3000		<u> </u>
		rthdoy) 55	Months	Doys Hours Min.	1115	N. Fult	ton	Aven	110			
11. BIRTHPLACE (S	State or foreign count		12. CI	IZEN OF	13. FATHER		LOIL	AVEIL	ae			
***			wi Wi	AT COUNTRY?	T	- Dome	3					
	irginia PATON (Give kind of	work 14B. KIND	OF BL	ISINESS OR INDUSTRY	115. MOTHE							
done during most of v	vorking life, even if reti	red)				len par						
Labores	ED EVER IN U.S. AR			ction 7. SOCIAL	18. INFOR	nee ba	rd			ADDRE:	cc	
(Yes, no or unknown)	(If yes, give wor or d	otes of service)	228-05-4150		400000	B	a	3514	Cott		ATTO
Ti o					Mr	James	Byr	u,	3714	000		Ave
19.	1.01			CAUSE OF DEA	TH							OXIMATE INTERVAL N ONSET AND DEATH
DISEAS	E OR CONDITION	DIRECTLY		Dissecti	ing Art	oriosc1	arat	ic A	naurwei	m		
	LEADING TO DEAT	4		(A)IMMEDIATE (erroscre	ELOC	IC A	neur y 5	III		
(This does n	ot meon the mode of	of dylng, e.g.,				XHXXXHX	of.	Aort	a			
	nplication which couse										1.7	
	NITECODENIE CALICE											
	NTECEDENT CAUSE OR CONDITIONS, IF	_	14	(B) DUE TO, OR	AS A CONSE	QUENCE OF:						n the day and with the third was also see that the sale was also see the third the sale third.
RISE TO THE	E ABOVE CAUSE (A)	STATING THE				40202 01.						
Z	NG CONDITION LA	.51.		(C)								
451	V II											
O THE DEA	ifficant condition ATH BUT NOT RELATE CONDITION GIVEN	D TO THE TERM	INAL									
20A. DATE OF				HICH OPERATION W	AS PERFORA	NED.				21.	AUTOPS	SY? (Yes or No)
5 1												, , , , , ,
₹ 22A. EXTER	NAL CALIEF WAS		220 01	ACE OF INITIDAY	Same of soul?	OC WHERE D	ID ALC:	D. Ist.	. 6:1.			Yes
UNDERLYING	NAL CAUSE WAS ON CONTRIB-			ACE OF INJURY(e.g., orm, foctory, street, offic				n Boltimo	re City, give	exoct loca	otion)	
≥ 22D. TIME		(Year) (Hou	r) 22E	INJURY OCCURRED	1	2F. HOW DID	INIUI	RY OCC	UR?			
OF INJURY (APPROX.)					WHILE ORK							
23.			m. WC	AI W	OKK LI			_				
I cert	ify that I held an	Inquiry		Inspection Au	topsy X	and that o	n this	basis,	death in r	ny apini	ian	
result	ted fram# Natural	couses KX	Acı	ident Sulcid	le H	micide	Un	determi	ned manne			
10301	A110	1	74.63	Toom - solicit		CHIEF MEDIC						
ACTUAL	Holy.	16	7.	77							D	ATE SIGNED
SIGNATI		711	1	M.D	ASS!	STANT MEDIC	AL EXA	MINEK				5/14/68
EXAMIN NAME (1	WELLI	er U. S	ditz	, M.D.	ASSO	CIATE MEDIC	AL EXA	MINER				5/14/00
24A. BURIAL CREI REMOVAL (Speci		TE	24C.	NAME of CEMETERY	ar CREMATO	DRY 2	24D. LO	CATION	(City, t	own, or c	ounty)	(Stote)
Burial		8/68		t Calvary	Cemetr	у	A A	Co	unty	Md		
25A DATE REC'D		- 4	IAME C	F REGISTRAR	25 C.	FUNERAL DIR	ECTOR			ADDRE	SS	
N	KAY 14 196	8 P.D.	10	E, Jake, Al		olpius	Hen	stea	4 120	6 W	Man	th 4 -
VS 151-REV. 1/1/68	3	-147			2800	- The sta	11011	5000	<u> 120</u>	O IN	MOL	th Ave
- TOT - NET. 1/1/00												

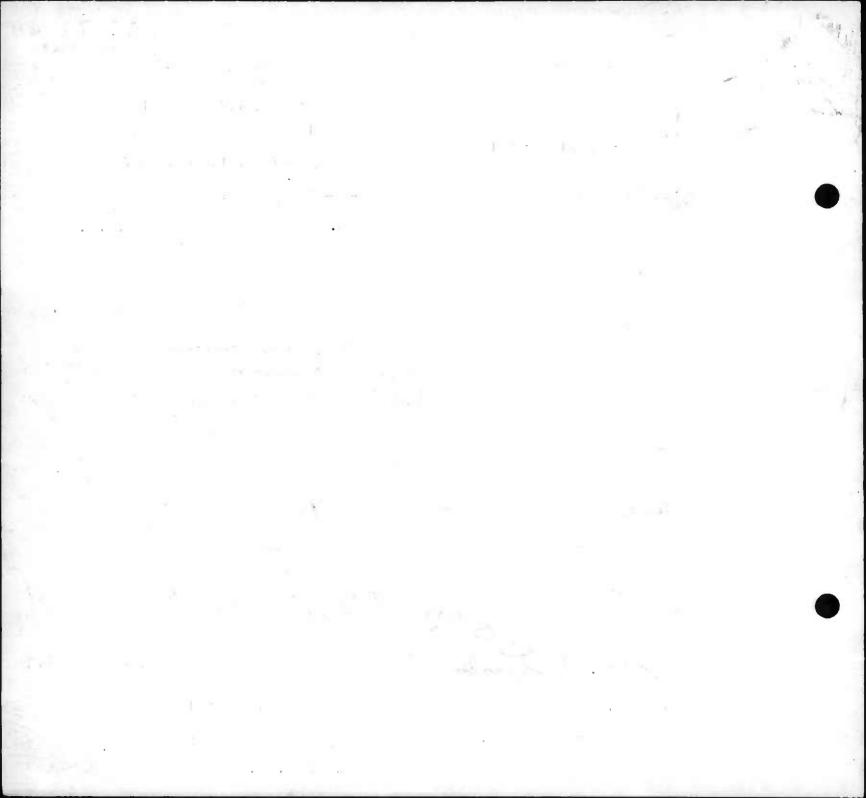


FUNERAL DIRECTOR: IMPORTANT

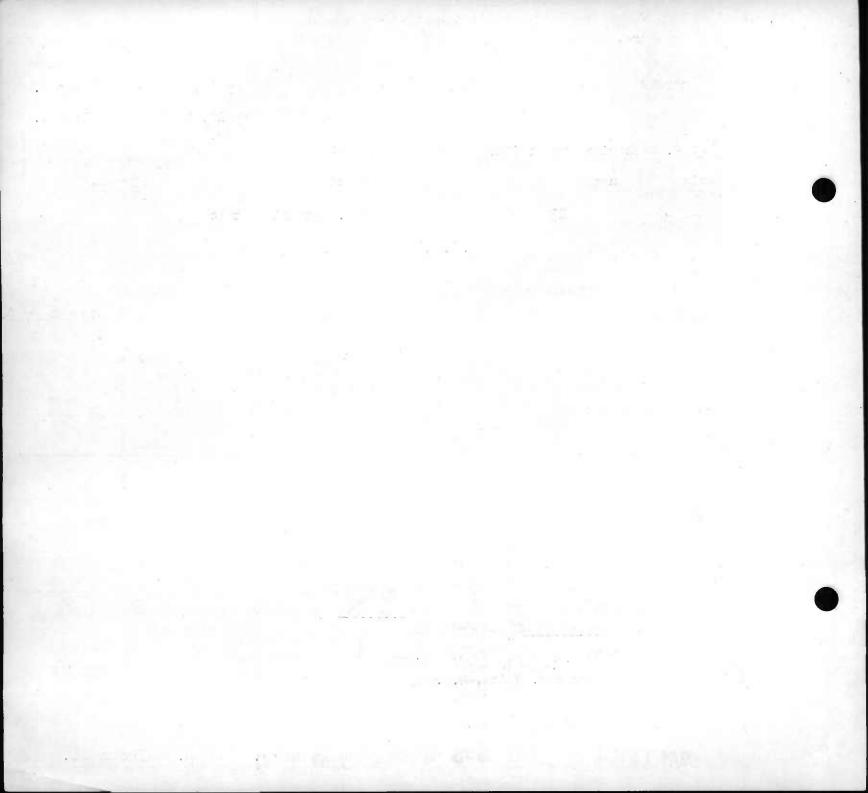
١,	4-42	5 68	- 5091	CEDITIEIC A	TE OF DEATH	REGINO	68- 5091
BIR	7 - 43 TH NO. 67		0001	CERTIFICA		/\	
	AME OF DEC		11.			AND HOUR OF DE	ATH 695
2	-	TIMORE MARYLAND, V	Lder	NCED DEAD		-14-6 8 Where deceased lived.	If institution: residence before as
٥.	TACE IN BAL	minore maricano,	VIIERE PROMOG	NCLD DIAD	A. STATE B. CC	UNTY	- 1
HС	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU ATION)	TION, GIVE STREET	C. CITY OR TOWN	BALTI	INSIDE CITY LIMITS?
9	MOITUTIE						YES W NO
L	snivers	sing of MA	my land	Hospital	E. STREET AND NUMBER	RKOURERNA	
						RLANK	COUNT LANSO
5. 5		6. RACE	7- MARRIED	NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
	1466	Curc.	WIDOWED		7-12-67		10
		UPATION (Give kind of wor working life, even if retired)			11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT C
	1	IA	R	-(A	14. MOTHER'S MAIDEN I	und	U.S.A.
13.	FATHER'S NAM	ME					
	LAWI	Ever in U. S. Armed Fo	1. Holo	la	Helen	· cocha	com
15. (Ye:	Was Deceased	Ever in U. S. Armed Fo	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT GARY A.	•	ADDRESS
	NU	~0		00	GARRY A.	FLEMING	(an. D.
	1B. 27	57/1		CAUSE OF DEAT	Н		APPROXIMATE IN
		SE OR CONDITION D				•	
		LEADING TO DEATH all mean the made a		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	resport	4 3 MO M9
	heart failure,	asthenia, etc. It mean	s the disease,	DUE TO, OK AS	A CONSEQUENCE OF:		
		ANTECEDENT CAUSE		16		11	in loment
	DISEASES C	OR CONDITIONS, if	any, giving	DUE TO, OR AS	a CONSEQUENCE OF:	LOGIN CA	//-
		e abave couse (A) G CONDITION last.	stating the	(c)			
	30//	11		(0)			
TION	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING	0.11.	Brown	Danne.	- 10 ment
A	DISEASE OR C	H BUT NOT RELATED TO	RT 1 (A).				
TIFIC	TYA. DATE OF	OPERATION 198. COI	REPORMED	HICH OPERATION	VES	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CER	21 A. ACCIDEN	NT WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DIE) (If in Bal	timare City, give exact lacation)
AL		JTING CAUSE OF	home etc.)	, form, factory, street, a	fice bldg INJURY OCCUR	?	
DIC	21 D. TIME	(Month) (Day) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
MEDI	OF INJURY (APPROX.)			e At At Work	e 🗍	-	
		Alea (1) (1) (1) - 1 1	Work		3-21-68	19 CF to	5 - 69 19
		that (I) this hospite		c - 14			opinian deoth occurred an
				Waller 201414	iew the bady after dea		Johnnan deom occurred an
	23A. SUSTNATU		rien andse (1)	(me) (ala not) (new the body affer dea	IFF•	23B. DATE SIGNED
	2	1 76		4. DIDEGREE Phy	ending Med. Director	Staff Phys	5-19-61
	23C. PHYSICIA	N- 400	my //		23D. ADDRESS	- rnys	•
	NAME	ype)	0	610	university	of MA	en land Hospe
24/	BURIAL CRE	MATION, 24B, DATE	24C.NA	ME of CEMETERY OF CR		LOCATION	(City, tawn, or caunty)
-	REMOVAL (18 0	dar HILL		A . 1 - A.	211-10ty
254	DATE BEC'D	BY HEALTH DEPT.	DOB. NAME OF	F REGISTRAR	25C FUNERAL DIREC	TOR , STR	ADDRESS
1	MAY 14	1968 Res	E. starle	es Par	050 B. S.L.	was must	Not Store 1
	150-REV. 1/1/6				y more y.	1	I June Les



sed the och	L-520 68-5093 CERTIFICA	TE OF DEATH REG. NO.	509348						
	1. NAME OF DECEASED (Type or Print) MARY LONG	2. DATE AND HOUR OF DEATH Mey 13. 1968 10	: 40 Am.						
bece th.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: reside							
cause use; (5) endanc to dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND CITY OF BALTIMORE C. CITY OR TOWN BALTIMORE YES T	60/						
d card card prior	3 3THE JOHNS HOPKINS HOSPITAL	1110 NORTH STRICKER STREET							
202 2	5. SEX 6. RACE 7. MARRIED NEVER MARRIED		Yr. , If Under 24 Hrs.						
rmine egular ased p	FEMALE NEGRO WIDOWED X DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birth Months) Do	ys Hours Min.						
ece on	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	Va. U.S	of what country?						
was was the d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
4 E E E	Pampie Simmons 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! [If yes, give wor or dates of service] SECURITY NO.	Teanie	DDRESS						
kind dea nce d	no 220302677	Walter Dilver 1110 Strick	er St.						
ial examiner. Also, if sign (3) A fracture of any cian who pronounced as in regular attendatins are embalmed or	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.) ANTECEDENT CAUSES (B)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	PPROXIMATE INTERVAL VEEN ONSET AND DEATH VEEN S VEEN S VEEN S						
a medico ody burns he physic sician wa the rema	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CO	NSIDERED						
hy the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout 21C WHERE DID (If in Boltimore City, give ex	act focation)						
(2)	O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF bome, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?							
hospite nature; cept wh d (6) N ained b	21D. TIME (Month) (Doyl (Yeorl (Hour)) 21E. INJURY OCCURRED While At Not While At Work								
to the of any al (exchip); and be obt	22. I certify that (1) this hospital) attended the deceased from May 13 19 68 to May 13 19 68 that (1) (our) opinion death occurred on the deceased of the dec								
ccident of ccident of a hospital to death) al must be	De Malon GEGREE Phy	anding Med. Staff Phys. 23B. DATE S	13,1968						
A. at prior	JOHN D. GRABER GEGREE	JOHNS HOPKINS HOSPITAL EMATORY 240. LOCATION (City, fown, or co	ounty] (Stotel						
ws: (1) D.O.	Burial 5-18-68 Mt. Auburn Cer		land Address						
show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 14 1968 D. 25B. NAME OF REGISTRAR VS. 159-REV. 1/1/6B	Kelson F. H. 1348 Calhoun	Street						



VS 151-REV. 1/1/68



24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS 140 4

24A. BURIAL CREMATION,

REMOVAL (Specify)

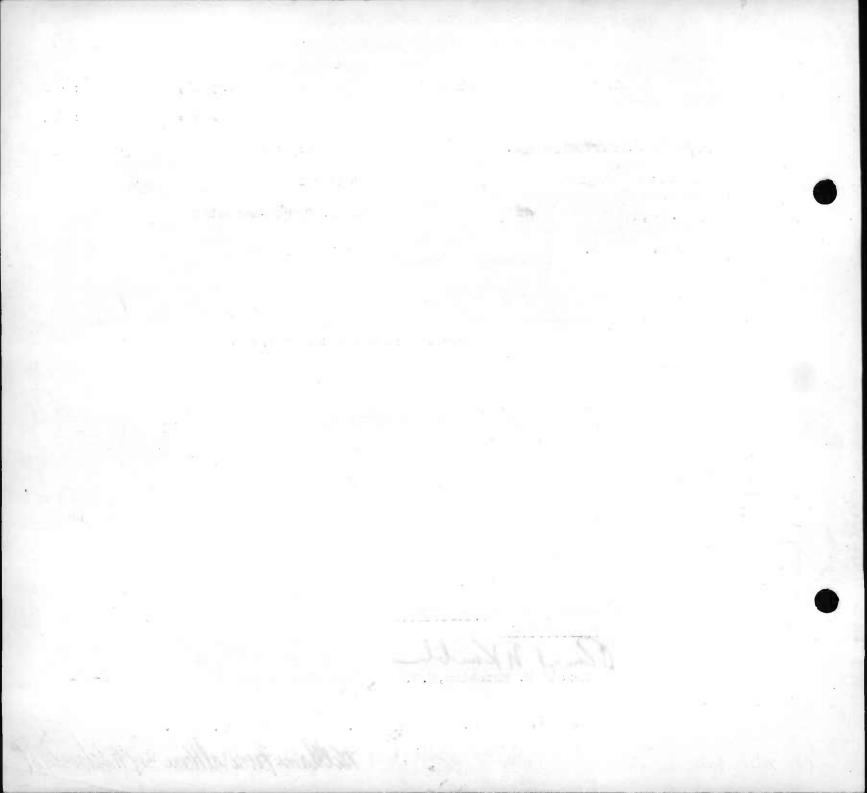
VS 151-REV. 1/1/6B

24B. DATE



1		
1	68-5096 BALTIMORE CITY HEALTH DEPARTMENT	
D-250	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68- 509	6
	KEG, NO.	_

BIRTH NO.													
1. NAME OF DEC	ERTRUDE			I	DIXON		2. DATE OF DEATH	Known Estimoted		May	13, 1	Yeor L968	10:48 A M
4. PLACE IN BAL	TIMORE, MAR	YLAND, W	HERE PR	NUONOS	CED DEAD		3. DATE		٨	Aonth	Doy	Yeor	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	IN HOSPITA	L OR INST	TITUTION,	GIVE STREET			JNCED DEAD	1		13, 1		10:48A. Me before odmission)
00318	NSchro	peder	st.	Ext.			A. STATE	Maryla			. COUNT		8-06
6. SEX	7. RACE		8. MARR	IED N	EVER MARRIE	D 🔲	C. CITY OR	TOWN			D. INSIDE	CITY LIMITS	?
Female	Neg		WIDOW	VED 🔀	DIVORCE	р□		imore				YES 🔀	NO 🗆
9. DATE OF BIRT		10. AGE (Ir lost birthdo		Months 1	1 Yr. If Under 24 Doys Hours	4 Hrs. Min.		Schro		r st	e t		
11. BIRTHPLACE (S		country)		12. CITIZ	EN OF		13. FATHER	SNAME					
Balto.	Md				T COUNTRY?		Euge		son				
14A USUAL OCCU			48. KIND	OF BUS	INESS OR IND	USTRY	15. MOTHE						
Housewi	fe							erine	?				
16. WAS DECEAS (Yes, no or unknown	(If yes, give we	I.S. ARMED or or doles	FORCES of service	5? 17.	SOCIAL SECURITY NO	D .	18. INFOR	ling C	lem	ong		ADDRESS	
119.	1				CAUSE OF	DEAT			TCM.	0110			APPROXIMATE INTERVAL
410	2,41							01:		1 7		8E1	TWEEN ONSET AND DEATH
DISEAS	E OR CONDI	TON DIREC	CTLY		Arterio	SCIE	stotic	Gardiov	rascu	itar i	Diseas	e	
	LEADING TO	DEATH			(A)IMMED	IATE C	AUSE						
heart lailure	ol meon the n	It meons the	diseose,				S A CONSEC	UENCE OF:					
Injury or cor	nplication which	coused dec	oth.)										
	NTECEDENT				(B)	0.00	AS A CONICE	OUENICE OF					
RISE TO TH	OR CONDITIO	SE (A) STAT	, GIVING		DUE IC	J, UK	AS A CONSE	QUENCE OF:					
UNDERLYII	NG CONDITIO	DN LAST.			(c)								
Q 422.	/	ī							-				
O TO THE DE.	VIFICANT CON ATH BUT NOT I	DITIONS CO	THE TERM	INAL									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20A. DATE O					ICH OPERATIO	N WA	S PERFORM	NED				21. AUT	TOPSY? (Yes or No)
Ö													no
OLINDEDIVING	NAL CAUSE V	RIB-			CE OF INJURY m, loctory, stree					n Boltimore	e City, give	exoct locotion)
UTING CA	(Month) (Do		\ (N _a ,,	-\ \\22E #	NJURY OCCU	DDED		2F. HOW DID) INTILIE	N OCCII	D2		
OF INJURY (APPROX.)	(Month) (De	oy) (Year) (Hou	m. WHILI	EAT		WHILE	ZI. HOW DID	7 114301	KI OCCO	K.		
23.	of dealths		. [7 .	spection 🗵			1 41-4	461-	L ! -	ا المام		
	tify that I he ted fram: No		nquiry L	Acci		Suicid	ropsy L	and that a			aeam in i	my apinian	
	7	7	A /	- //	10	,01010		CHIEF MEDIC					
ACTUAL SIGNAT	URE UC	muly	1 11	Ku	uble	_M.D	. ASSI	STANT MEDIC	CAL EXA	MINER	X		DATE SIGNED
EXAMIN NAME (IER'S	Ronald	N. 1	Kornb	1um,M.D.	•	ASSO	CIATE MEDIC	CAL EXA	MINER			5-13-68
24A. BURIAL CRE REMOVAL (Spec Burial	ily)	B. DATE	5.168		IAME of CEME			ORY		CATION		town, or count	ty) (Stole)
25A. DATE REC'D			-	_	• Aubui	[-11		FUNERAL DIR		Lto.	Md.	ADDRESS	1
A STATE RES	1AY 14	1968	Re	ع م	stable	MA	0 74	Bains	Fu	nerai	Home	31991	Schroedys
VS 151-REV. 1/1/6	В								/-				



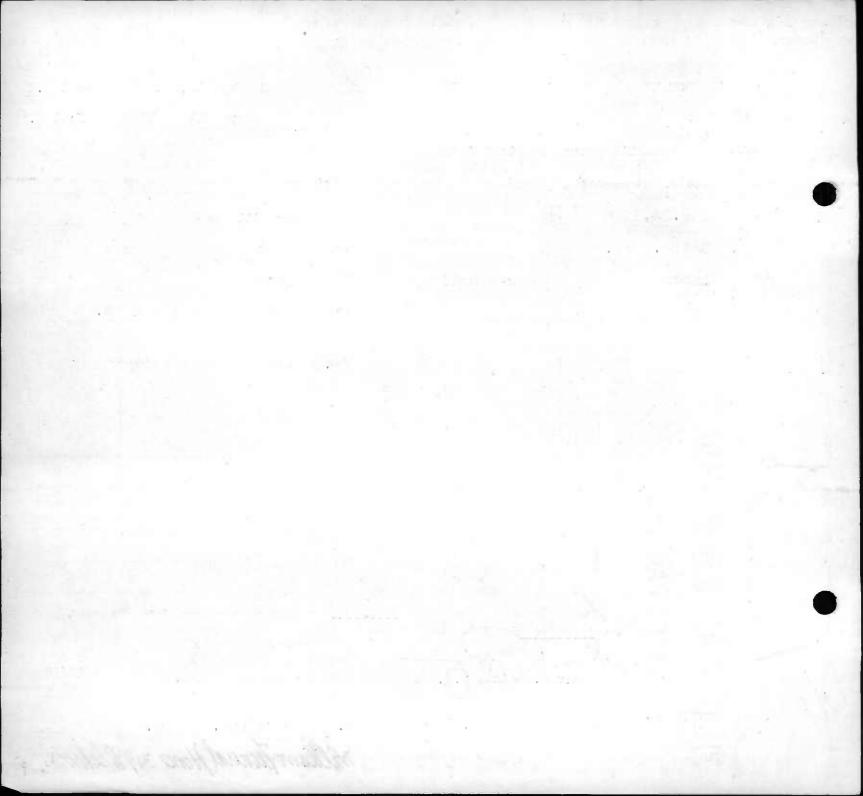
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BALTIMORE CITY HEALTH DEPARTMENT

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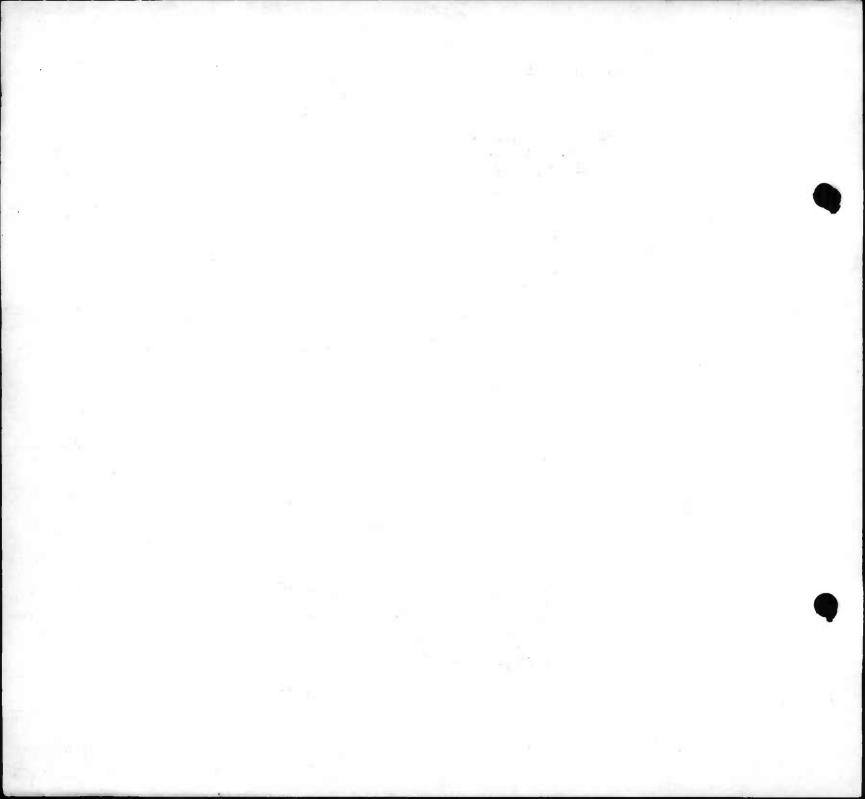
BIRTH NO.	DICAL EXAMINER 5	CERTIFICATE OF DEAT	H REG. NO.
1. NAME OF DECEASED	CODDIN	2. DATE Known Month	Doy Yeor Hour
	CORBIN	DEATH Estimoted X May	11, 1968 5:01 P. _N
4. PLACE IN BALTIMORE, MARYLAND, V FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	3. DATE Month PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCA	ATION)	May	11, 1968 5:01 P,
			ved. If institution; residence before admission) B. COUNTY
Franklin Square H		A. STATE Maryland	20-36
6. SEX 7. RACE	8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
male negro	WIDOWED DIVORCED	Baltimore	YES NO
9. DATE OF BIRTH 10. AGE (I lost birthdo	n yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER	
Aug. 24, 1939 28		902 Cherry Hill Roa	ad
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	13. FATHER'S NAME	
Balto. Md.	WHAT COUNTRY?	Homer Corbin	
4A.USUAL OCCUPATION (Give kind of work fone during most of working life, even if refired)	14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
Laborer	Construction	Hilda Connor	
6. WAS DECEASED EVER IN U.S. ARME	D FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
Yes no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	Hilda Green 2701	Spellman Rd.
[19.	CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
(This does not mean the mode of the heart foilure, asthenia, etc. It means the injury or complication which coused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN FOUR CONTROL TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT REL	e diseose, oth.) Y, GIVING TO THE (C)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	21. AUTOPSY? (Yes or No)
0			Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year (APPROX.)	home, form, foctory, street, offi	, in or obout 22C. WHERE DID (If in Boltimo ce bldg., etc.) INJURY OCCUR?	
23. I certify that I held an resulted from: Natural car	Inquiry Inspection A	utapsy X and that an this basis,	
resulted fram: Natural car	Suici	CHIEF MEDICAL EXAMINER	
ACTUAL 1002 0 /	1. 7 act	ACCICTANT MEDICAL EYAMINED	DATE SIGNED
SIGNATURE	M.I	D,	5/12/68
EXAMINER'S Werner I NAME (Type)	J. Spitz, M.J.	ASSOCIATE MEDICAL EXAMINER	5,, 00
24A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY	or CREMATORY 24D, LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
Burial May 1		Cem. Balto.	Md.
25A. DATE REC'D BY HEALTH DEPT. MAY 1 4 1968	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Hove 2,08 lakenen

VS 151-REV. 1/1/68



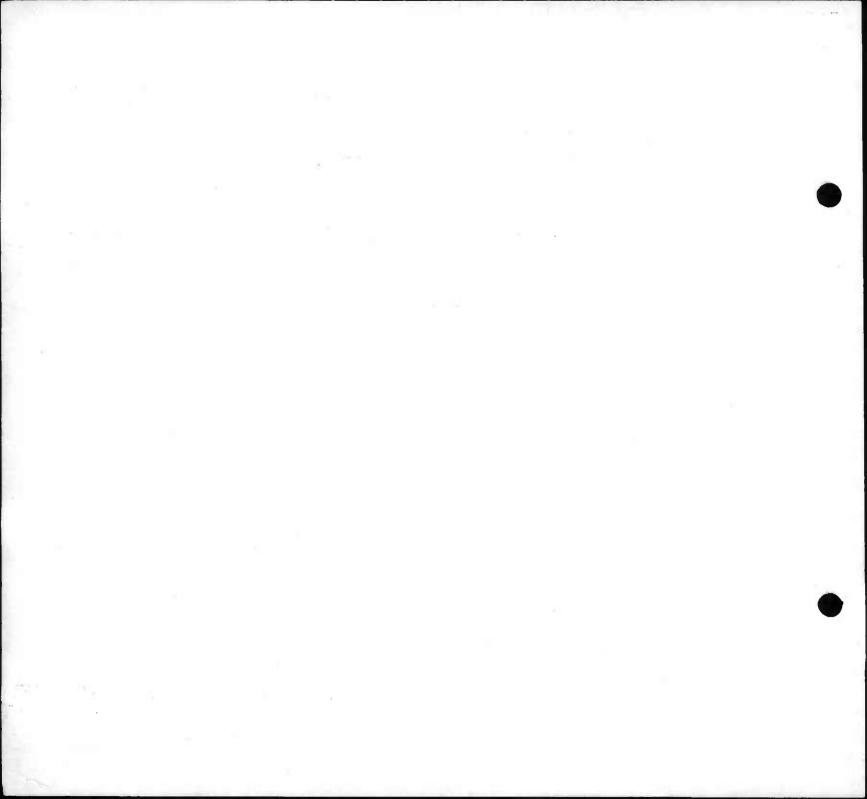
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Beceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT		68 5098
	68- 5098	CERTIFICA	TE OF DEATH	REG. NO.	00. 0000
I, NAME OF DECEA (Type or Print)	7 -		2. DATE AN	D HOUR OF DEA	TH 3, 250
	uis Zanelotti		3"/	14/68	M
	MORE, MARYLAND, WHERE PR		A. STATE B. COUN	e deceased lived. I	institution: residence befare admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS?
(11)	Midtown Home,	Inc.	200 / 40	,	YES NO NO
10	808 St. Paul S	t.	205 S	Bou	Idin St
5. SEX 6.	RACE 7. MAR	RIED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	11	WED DIVORCED DIVORCED DO OF BUSINESS OR INDUSTRY	4/10/86	82	12. CITIZEN OF WHAT COUNTRY
	rking lile, even if retired)	D OI DOSINESS OK INDOSIKI	The District Carrier of Idies	gir country)	12. CHIZEN OF WHAT COUNTRI
Ket	ired	-	Italy		
13. FATHER'S NAME		-	14. MOTHER'S MAIDEN NAM	ME	
1	7	Latt:	M.		
Jose	eph Lane verlin U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no ar unknown)	f yes, give wor or dotes of ser	SECURITY NO.	17. INFORMANT		ADDRESS
No		218-10-0840-	Mrs. Wa	Her	WAD FN
18. / / 2	. 4 1	CAUSE OF DEAT	CARDIAC A	RREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE	OR CONDITION DIRECTLY		115mm - CC16	LOTIC	BETWEEN ONSET AND DEATH
	EADING TO DEATH	(A) IMMEDIATE CAL	A - A - 1	ISCULAR	DUSEAVE .
	meon the mode of dying,	e.g., DUF TO, OR AS	A CONSEQUENCE OF:		
	sthenia, etc. 11 means the dis icotion which coused death.}	ease,			
	ITECEDENT CAUSES				
		(B)	A CONCOURNE OF		
	CONDITIONS, if ony, gobove couse (A) sloting	rring	A CONSEQUENCE OF:		
	CONDITION lost.	(c)			
433.	0 11				
Z	ANT CONDITIONS CONTRIBUT	ING			
TO THE DEATH	BUT NOT RELATED TO THE TERMINDITION GIVEN IN PART 1 (A).				
19A. DATE OF O	PERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF O	WAS PERFORMED		No	IN CERTIFYING	CAUSES OF DEATH?
	WAS UNDERLYING ING CAUSE OF nedicol exominer	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID	(If in Baltic	mare City, give exact location)
0 21D. TIME (/	Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJ	HPV OCCHP?	
S OF INJURY	vianiii (Day) (Teal) (Tabl)	While At Not While		OKI OCCOK.	
(APPROX.)		Wark At Wark			1. 10
22. I certify th	not (I) (this hospital) atten	ded the deceased from	8/1	196 7 to	5/14 1961
	ast saw the deceased alive	11/11/	19 68 and the	= 1 = (= u) (= u =) .	apinion death accurred an the date
		, (at in(my) (abi)	spinion death accorred an the don
ond have and f	fram the couses stoted obo	ve. (I) (We) (did) (did nat) v	iew the body after death.		
23A. SIGNATURE	() () ()				23B, DATE SIGNED
	men x. Ox	Phy	mding Med.	Staff Phys.	1/14/68
23C. PHYSICIAN	s	DEGREE	23D. ADDRESS	3	
NAME (Typ	e) JECENIL S.	BLUM 40	1115 N.C.	ALVERT)7.
	VOSEPIT J	DEGREE	/ - 1		
24A. BURIAL CREMA		4C. NAME of CEMETERY OF CRI	EMATORY 24D. L	OCATION	(City, town, or county) (State)
5/17/	68 Barol	Holy Ked	eemer	Da lite	Md
25A. DATE REC'D B	Y HEALTH DEPT. 258. NA	ME OF REGISTRAR ()	25C, FUNERAL DIRECTOR		ADDRESS
98	AY 1 4 1968 (P.	Son Flydening	0 5200 300	nene	V63 1 Coullis



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	ws ws Dead
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	F + 0 2 0 2

	00 5000	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5099
	68- 5099	CERTIFICA	TE OF DEATH	REG. NO	00 0000
	NAME OF DECEASED			ID HOUR OF DEATH	
	pe or Print) JOHN PADGETT		MAY	14,1968	630 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (When		stitution: residence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	N, GIVE STREET	MARYLAND		6 20
HO	STITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
2	A 4940 EASTERN AVENUE		BALT IMORE E. STREET AND NUMBER		YES NO
	BALTIMORE, MARYLAND 21224		103 N. PATTERS	SON PARK AVE	
5. 9	SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
109	USUAL OCCUPATION (Give kind of work 10B, KIND OF BU			on country)	12. CITIZEN OF WHAT COUNTRY
	e during most of working life) even if retired)	0			
	Meat Cutter VENN	trust	NORTH CAROLINA		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	AVERY PADGETT		EDNA BAILEY		
15.	Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT	4940 EASTERN	A VEN ADDRESS
lite	s, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO. 37-40-3322	BCH RECORDS:	TATO TRADITION	ARYLAND 21224
-	18. 1/0	CAUSE OF DEATH		DALITHORE, I	APPROXIMATE INTERVAL
	16 81/	77.			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Call line		in norths
	(This daes not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE Ca I lung A CONSEQUENCE OF:		10 1000000
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES				
1	DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating the	002 10, 011 110	A SOMEWOOM OF STREET		
	UNDERLYING CONDITION last.	(C)			
_	163X II .				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
ATI	DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A	200 15 455	SINDINGS CONSIDERS
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	NO	IN CERTIFYING CA	USES OF DEATH?
CER	21A ACCIDENT WAS LINDERLYING TO 218 PLA	ACE OF INITIDY (e.g. i	or obout 21C. WHERE DID	Of in Boltimor	e City, give exact location)
AL N	21 A. ACCIDENT WAS UNDERLYING 21B. PLA home, for CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii iii boliimoi	e City, give exoct locollon;
20	21D.TIME (Month) (Day) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	(APPROX.) While	At Not While			
	VYOIR	At Work			1
	22. I certify that (1) (this haspital) attended the a	deceased fram	2-15	19 6 d to 5	19.50
	that (1) (we) last saw the deceased alive on	5-13	1962and th	at (in (my) (our) opi	nion death occurred an the date
	and have and from the causes stated above. (1) (Y	Ye) (did) (did nat) v	iew the bady after death.		
	23A. SIGNATURE				23B. DATE SIGNED
	Benjamin Techner Wie	Phys	nding Med.	Staff Phys.	5/14/68
	23C. PHYSICIAN'S	DEGREE			ENUE
	NAME (Type) RENJAMIN CECHNER		17 - 1	IMORE, MARYI	
24/	02.00	DEGREE E of CEMETERY of CRE	DADI		ity, town, or county) (State)
	REMOVAL (Specily)		1:10	1	11 0
	Burial 1/1/68 T/e	asant H	1/1 (em. 1	Marion,	N.C.
25/	A. DATE REC'D BY HEALTH DEPT.	EGISTRAR DEVICE	25C. FUNERAL DIRECTOR	70	ADDRESS
VS	150-REV. 1/1/6B	P 14	agreen 1	Jannes	265 D. Crille
			/		



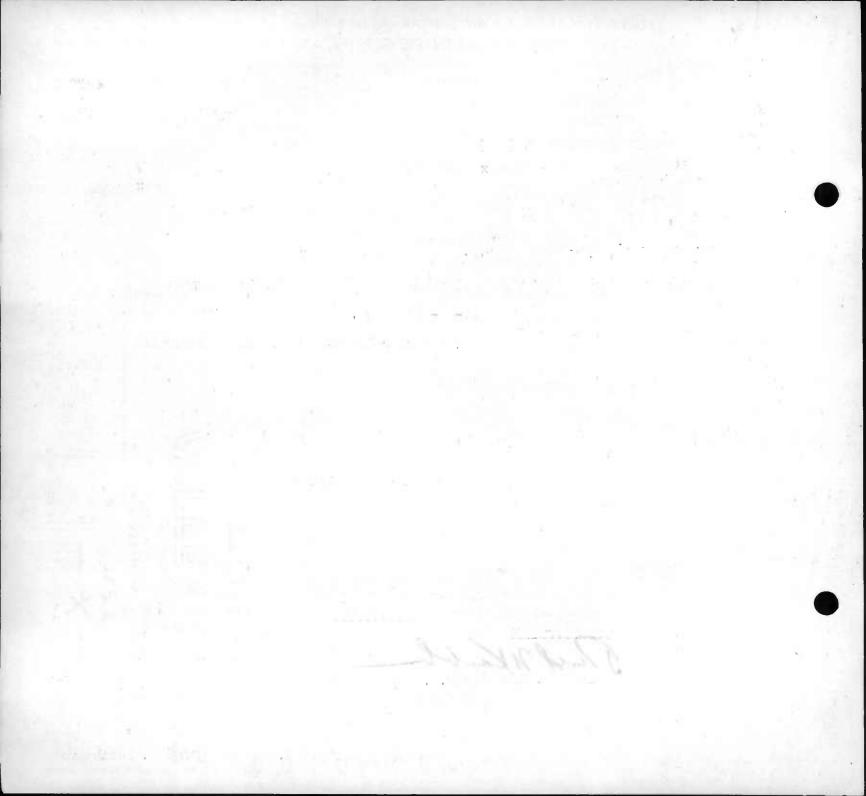
B-650

VS 151-REV. I/1/68

68- 5100 BALTIMORE CITY HEALTH DEPARTMENT

68- 5100

BIRTH NO.		MED	ICAL	. E>	CAMINER'S	CERTIF	ICATE	OF DE	EAT	H REG.	No	3	5100
1. NAME OF DE	CEASED					2. DATE	Knawn	П Мо	nth	Day	1	Year	Hour
(Type or Print)	SAMUEL				BROWN	OF DEATH	Estimote	3		10, 1			3:30 P
4. PLACE IN BA FULL NAME OF HOSPITAL	(IF NO		LORINS		DUNCED DEAD DN, GIVE STREET	3. DATE PRONC	DUNCED DE		May	10,		Yeor	3:30 P.
OR INSTITUTION LI	JTHERAN			DOA)	5. USUAL A. STATE	RESIDENCE Mary 1		osed li	B. COUN		ence b	efore odmission)
6. SEX Male	7. RACE Negr	0	8. MARR		DIVORCED	с. сіту о Ва1	r town timore			D. INSII	DE CITY LIA		NO []
Sept 8, 1		10. AGE (Ir lost birthdo	(yeors () 63	If Un Mont	der 1 Yr. If Under 24 Hrs. hs Doys Hours Min.		Spring		ven	ue			
alvert Co	ounty,	Marylar ve kind of work	id 148. Kin e	U	ITIZEN OF VHAT COUNTRY? eS eA BUSINESS OR INDUSTR	Mason	R'S NAME Brown ER'S MAIDE	N NAME					
done during most of			Pott	- 2	Callahan			Alic	_	Gree	n		
Tractor (SED EVER IN	U.S. ARMED	FORCE:	5?	17. SOCIAL	18. INFOR	RMANT	MITTO	G	CIT 6.6	ADDRE	SS	
(Yes, no or unknown	n) (If yes, give	wor or dotes	of service)	SECURITY NO.	1500	The lane	Dmasle		220 0		A = ==	
119.	4 21	- 0 -	1 4		217-05-9038 CAUSE OF DEA		Thelma	Brooks	4	33U D	ewey .		PROXIMATE INTERVA
7/	SE OR CONI	DITION DIRE	CTLY		Arterio		tic Car	diovas	cu1	ar Di	sease	BETWI	EEN ONSET AND DE
	LEADING T	O DEATH			(A)IMMEDIATE	AUSE							
(This does	not meon the	mode of dy	ing, e.g.,		DUE TO, OR	AS A CONSE	QUENCE OF:					1	
injury or co	mplication wh	Ich coused de	oth.)										
	ALTE CED FAIT	CALICEC			and the same of								
	OR CONDIT		GIVING		(B)	AS A CONS	EQUENCE O	F:					****
RISE TO TH	OR CONDIT	USE (A) STA	ING THE										
Z	ING CONDIT	IION LASI.			(C)								
O THE DE	NIFICANT CO	T RELATED TO	THE TERM	INAL	Diabe	tes Me	llitus						
20A. DATE C					WHICH OPERATION W	AS PERFOR	MED				21.	AUTO	yes
UNDERLYIN	RNAL CAUSE G OR CON AUSE OF DE	ITRIB.		22B.P home	PLACE OF INJURY(e.g., , form, foctory, street, office	in or obout e bldg., etc.)	22C. WHERI INJURY OC	E DID (If In I	Boltimo	re City, gi	ve exact loca	otion)	
22D. TIME OF INJURY (APPROX.)			·) (Hou		HILE AT NOT	WHILE C	22F. HOW [DID INJURY	OCC	UR?			
23.												-11	
I cer	rtify that 1 l	neld on I	nquiry [Inspection Au	topsy 🔽	ond the	t an this b	oasis,	deoth Ir	n my opin	lan	
resu	Ited from: 1	Natural com	ses X	A	ccident Suicio	le D	lamicide [Und	etermi	ned man	ner 🗍		
	7		1		1 . 0			ICAL EXAM					
ACTUA SIGNA	TURE	hold	M	Ko	enbb MI	AS	SISTANT MED			[X]			DATE SIGNED
NAME NAME	(Type)		. Ko		lum,M.D.		OCIATE MED						5-13-68
24A. BURIAL CRE REMOVAL (Spec	cify)	24B. DATE			C. NAME of CEMETERY		TORY	24D. LOC	ATION	City	, town, or o	county)	(Stote)
Burial		5/16/68	_	_	rbutus Memor			Arbuti	1S_	Balt	O Co	-	lid
25A. DATE REC'I	MAY	4 1968	Roll	Beel	of REGISTRAR		rbert F		er	303	ADDRE		th Ave



a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	3.0	4	BALTIMORE	CITY	HEALTH	DEPARTMEN
UU	JIU					

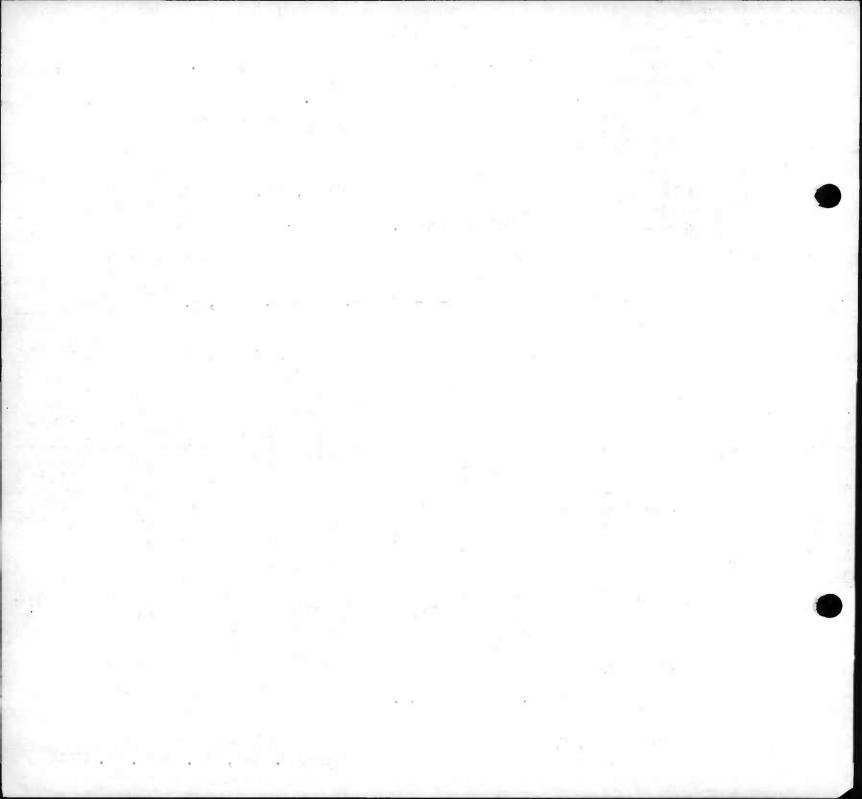
BIRTH NO.	O	o Ji		TE OF DEATH	REG. NO	68- 5101
1. NAME OF DEC	CENEV	EVE A.	MOORE	1	ND HOUR OF DEATH	72.10 70
3. PLACE IN BAL	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOG	ITAL OR INSTIT	UTION, GIVE STREET	Md. c. city or town Baltimere	ZINS	YES X NO
00	2605 Linwood	l Road		E. STREET AND NUMBER	2605 Linwo	
5. sex Female	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 21,1936.	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	working life, even if retired		BUSINESS OR INDUSTRY Masters Co.	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	
	Roman Bo	mert			Henriet	ta Pilat
	d Ever in U. S. Armed F		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	in yes, give were or de	ice of ectility	213-32-1381	Mr. Joseph G.	Moore, Jr.	(Same)
OTHER SIGNI TO THE DEA	SE OR CONDITION E LEADING TO DEATH not mean the mode of osthenio, etc. It mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if ne obove couse (A G CONDITION lost. FICANT CONDITIONS C TIT BUT NOT RELATED TO CONDITION BY NE NE	of dying, e.g., is the disease, deoth.) Sony, giving stoting the		A CONSEQUENCE OF:	wa Right O	very Sept 1967
U 21A. ACCIDE OR CONTRIB DEATH (notify	F OPERATION 198. CO WAS PE THE WAS UNDERLYING UTING CAUSE OF y medical exominer)	REFORMED C	PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or N n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?
OF INJURY (APPROX.)	(Month) (Doy) (Yeo		ile At Not While		JURY OCCUR?	
that (I) (we) last saw the deceased from the causes st URE LUOM X. I	sed olive on	I) (We) (did) (did nat) v	19 6 8 ond the riew the body after death.		inlen death accurred an the date 238, DATE SIGNED 5-14-68
NAME (Typel	1 L. Feat		3025 Bel	aciPd /	Balf-13 Wf. Gity, town, or county) (State)

B urial
25A. DATE REC'D BY HEALTH
MAY 15 5/17/68 | Carden Of Faith DEPT. | 25B. NAME OF REGISTRAP 1968 | Carden Of Faith

Baltimore Maryland

Director Ruck, Inc. Balto. Md. 21214 Leonard

24A. BURIAL CREMATION, REMOVAL (Specify)



68- 5102 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 8- 5102		
BIRTH NO.			
1. NAME OF DECEASED (Type or Print) SAMUEL J. WEBSTER	OF DEATH Estimoted May 13, 1968		
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 13, 1968 10:15 A.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
8 North Howard Street (DOA)	A. STATE Maryland B. COUNTY		
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?		
Male White widowed □ Divorced □	Baltimore Ses X NO		
9. DATE OF BIRTH Jan 9, 1913. 10. AGE (In years lost birthday) Months: Doys Hours Min.	8 North Howard Street		
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME		
Maryland WHOSAOUNTRY?	Harry P. Webster		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR			
done during most of working life, even if refired) Mutual Clerk Racetracks	Bessie Windsor		
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS		
(Yes, no crunknown) (If yes, give wor or dates of service) 218=10=2729	Mrs. Nellie Webster, 751 Westhills Pkwy. #29		
19. 4 / 1 4 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LEADING TO DEATH	sclerotic Cardiovascular Disease CAUSE AS A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:		
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	sis of Liver		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)		
	no		
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☒ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, factory, street, offit	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) ce bldg., etc.) INJURY OCCUR?		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	T WHILE WORK		
23. I certify that I held an Inquiry Inspection X Ac	utopsy ond that on this bosis, death in my opinion		
resulted fram: Natural causes 😾 Accident 📗 Suici	de Hamicide Undetermined manner		
ACTUAL SIGNATURE EXAMINER'S RONALD N. Kørnblum, M.D. NAME (Type)	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5-13-68		
24A. BURIAL CREMATION, REMOVAL (Specify) 5/17/68. 24C. NAME of CEMETERY Meadowridge 1			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 1 4 1968	Leonard J. Ruck, Inc. Balto. Md. 21215		
VS 151-REV. 1/1/6B			

Talver . The

Manager and the state of the st

		68	- 540	BALTIMORE CITY	HEALTH DEPARTM	ENT	No. 6	8 5103
BIR	rh NO.	00	OLU	3 CERTIFICA	TE OF DEA	TH REG	NO.	O OLOO
1, N	NAME OF DECEASED					ATE AND HOUR OF	DEATH	
	HELLDORFER, Mrs Anna R.				T. Alexandra	May 13, 19		1:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, V			HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE 8. COUNTY			
HO	LL NAME OF	PITAL OR ADDRESS OR LOCATION)			Maryland 21220 Della Co			
IN:	JEN!	JENKINS MEMORIAL HOSPITAL			Baltimo	re	YES X	
16	// 1000	1000 S CATON AVE.				E. STREET AND NUMBER		
		ro., MD 2122			2 S Hawthorne Rd			
3. 2			7- MARRIED		8. DATE OF SIRTH	9. AGE (In y tast birthday)	Monihs	er 1 Yr. If Under 24 Hrs. Days Hours Min.
10A	-	PATION (Give kind of world		BUSINESS OR INDUSTRY	10-18-187	feet .	12, CI1	TZEN OF WHAT COUNTRY?
don	**	orking tife, even if retired)			Balta	o.,Md	US	
13.	HOUSEW'S NAM				14. MOTHER'S MAID		05	A
	Joh George				7	France - #	ese Colonia	
15.	Wos Deceosed	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Frances Kat	W SCHUL	ADDRESS
(Tes				220 44.4630	JI MEDICAL RECORDS -JENKINSMEMORIAL HOSP.			
	18. 15-1	9 1		CAUSE OF DEAT	H			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OF CONDITION DI	RECTLY	fly &	1 161. 19	5		
	(This does no	I meon the made of		(A) IMMEDIATE CAUSE WILL SUPPORT (A) GROWN DUE TO, OF AS A CONSEQUENCE OF:				Jean
		asthenia, etc. II means olication which caused		1				
	A	NTECEDENT CAUSES		Mall	relied o	estimes.	Modern	Seam
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	:	_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
		abave cause (A) CONDITION last,	sloling the	(c)				0
	15°1X	- 11	_	(- /				
TION	OTHER STONIF	CANT CONDITIONS CO						
⋖		NDITION GIVEN IN PAR	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Y	es or No) 20R IF VE	S, WERE FINDING	S CONSIDERED
ERTIFIC	A. DATE OF	WAS PER		WHICH OFERATION	200. 2010131: (1)		YING CAUSES OF	DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING			n or obout 21 C. WHERE	DID (If i	n Baltimare City, gi	ive exact location)	
0					015 110	-1	A	
MEC	OF INJURY White At Not					DID INJURY OCCU		
					4)			(1)
	22. I certify that (I) (this hospital) attended the deceased from 19 of to							
	that (1) (we) lost saw the deceased alive on 5 - 3 19 6P and that In(my) (our) opinion death occurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGN ATURE 23B. DATE SIGNED Attending Med. Staff					-12-1h		
	23C. PHYSICIAN	vs d	1 -sa	DEGREE Phy	s. Directo	r 🗀 Phys. 🗀	0	13-68
. 3	NAME (Ty	pe)	(3 77	44-7 7000	Cata Asso
244	Man BURIAL CREA REMOVAL (S	MATION, 24B. DATE	riquez. 24C.Ñ.	M D DEGREE		24D. LOCATION	(City, town,	or county) (Stote)
254	Buria:			Ly Redeemer	Cem.	Baltimo	re, Md.	ADDRESS // / A
	MAY	1 4 1968 1	10. K. S	5 FR Q. 42	201	1001 11	vale/a	5305 Harlowell
VS	150-REV. 1/1/6	8	PONTA C			4 7 /	- Conde	1 1 100



00	BALTIMORE CITY HEALTH DEPARTMENT
00	5104CERTIFICATE OF DEATH

REG. NO. 68- 5104

BIRTH NO.				
T. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH				
CRESTANCE PER TABLE 9 LADY 1 15 HALL RESIDENCE When despeed lived It institutions residence before admissional				
A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION C. CITY OR TOWN C. CITY LIMITS?				
RALTIMORE YES ENTRET AND NUMBER				
Union Memorial HaspiTAL 1367 PENTONON Road.				
S. SEX 6. RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. H Under 24 Hrs. lost bithhday) Months; Doys Hours Min.				
Remark While WIDOWED DIVORCED 5/24/13 54 yrs				
USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIPTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)				
Housenile Maryland America				
13. FATHER'S NAME				
Edward Walls Ernny Ernny Ernny Ernny				
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT F. RALPH SECURITY NO. 17. INFORMANT F. RALPH SAME US				
NO 159-01-2910 trubant SCHEFFEWACKER DECAUSEd				
18. 2 0 4 / 1 CAUSE OF DEATH				
LEADING TO DEATH (4) IMMEDIATE CAUSE CHOSE CHOSE LEADING LEADER LEADING				
(A) IMMEDIATE CAUSE (CONSEQUENCE OF:				
injuly at complication which caused death.)				
ANTECEDENT CAUSES (B) Rennatic Heart discuse				
DISEASES OR CONDITIONS, if any, giving the DUE TO, OR AS A CONSEQUENCE OF The prise to the above couse (A) stoting the				
UNDERLYING CONDITION lost. (C) RECHRENK FEEWER Of STATES				
Z 2 0 4 , 0				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
465				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or about home, form, factory, street, office bldg., etc.) (If in Boltimore City, give exact location)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
While AI Not While AI Work				
22. I certify that (this haspital) attended the deceased from				
that (1) (wa) lost saw the deceased alive an S/13/1968 ond that in (wa) (aur) opinion death occurred an the dat				
ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.				
23A, SIGNATURE 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED				
23C. AMSICIANS DEGREE Phys. Director Phys. Directo				
NAME (Type)				
24A, BURNAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote)				
24A. BURNAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
24A, BURNAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stote)				

VS 150-REV. 1/1/6B

Stage Mangal Her Ta Will Martine & Bearly Rock While 5/24/13 54 400 mangland Brussig Exmed Walls 001 Character by the second Plannels West Land Renewal Rennel affection I Vernt Conglett 4-8 EDERNIT CARPEREL UNI. M.

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



was in regular aftendance on the

BALTIMORE CITY HEALTH DEPARTMENT

5100

REG. NO	68-	5106
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BIRTH NO.	ATE OF DEATH
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type JOSEPH OTTO BEINKAMPR	N. Se 5-15-68 14'25 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; tesidence before admission)
	A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INS DE CITY IMITS?
MARYLAND GRNERAL	BALTIMORIE YES NO .
110	E. STREET AND NUMBER
48	1614 JOPPLIN ST.
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 His.
Male white WIDOWED DIVORCED	7-19-86 lost birthdoy Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)	MARYLANO USA.
UNKNOWN - NORFOLKHWESTERN-K,K,	14. MOTHER'S MAIDEN NAME
	/ 0/
BISMARK BEINKAMPEN	UNKNUWN ISOLENA GLASS
was Deceased Ever in U. S. Armed Forces? es,no or unknown! (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT H. Todd HAMPRIC - ADDRESS
UNKNOWN	260 DANVERS Rd-PORTSMOUTH / VA
18. 3 3 / O L CAUSE OF DE.	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	PAINSE acute Hemorrhagic Concreptitists Min
(This does not meon the mode of dying, e.g., DUE TO, OR	CAUSE acute Hemorrha 918 jancreatitis 18 MIN AS A CONSEQUENCE OF:
heorl foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
	12 BMAN A May (Porti Illes) BARYS
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	If RMORK MY (Peptis Was) Banys. AS A CONSEQUENCE OF:
rise to the obove couse (A) stoting the	21 /
UNDERLYING CONDITION lost. (C)	praun:
540,0 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
15-12-68 WAS PEREORMED PRPTIC ULC	IN CERTIFYING CAUSES OF DEATH?
02,77,00	g., in or about 21 C. WHERE DLD (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While ATT Not W	21F. HOW DID INJURY OCCUR?
(APPROX.) While AT Not Work	
22. I certify that (1) (this haspital) attended the deceased fram	5-11 1967 to 5-15- 1968
that () (we) last saw the deceased alive an 5-/5-67	19and that in(156) (aur) opinion death accurred on the da
and haur and from the causes stated above. (+) (We) (did) (did not	yew the bady after death.
	The state of the s
Justes . Surding the DEGREE	Phys. Director Phys. 🖾
28 C. PHYSICIAM'S NAME (Type)	MANYLAND GENERAL HOSP. MM
JAMIES J- STUDDIFFED PLD	
A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF	
SEMOVAL (Specify)	Margar R. to all 11 person
BURIAL 5-17-68 Meadow BROWN	(I PMORIAL PORTSMOUTH, V, RCINIA ADDRESS
	Ellsworth ARMAROST- 400 Liberty Hights
ARRY SE 4000 A A B. U . FAIL MI	CATIONIONIN IN THE CAST TAIM LITARE IN 17K AY-



Such LO ance cause attend prior contributing Undetermined regular BB deceased disposition is SD the 3 eath 0 or final attendance embalmed ular 0 are physician the remains No physician was before hospital nature; 3 obtained 9 except and to the any eath) 0

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased fixed. If institution: residence before admission) 3. PLACE IN BALTIMORE MARYLAND. WHERE PRONOUNCED DEAD B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS YES X NO STREET AND NUMBER The Union Memorial Hospital 9. AGE (In years/ lost birthdoy) 5. SEX 6. RACE B. DATE OF BIRTH tf Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours Months Days WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country 12. CITIZEN OF WHAT COUNTRY? done during mast of warking life, even if retired) Civil Service// U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME acenee 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 7. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO 21668 No. 220-12-1770 Mrs. Dorothy C. Blades, Sudlersville.Md. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION | 198. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 100 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Bottimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Hour) 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) 21E, INJURY OCCURRED Not While OF INJURY While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 1968 19 6 % that (1) (we) last sow the deceased alive on.ond that in (my) (our) opinion death occurred on the date ond haur ond from the causes stoted obove. (I) (We) (did) (did not) view the bady ofter deoth. 23A. SIGNATURE 23 B. DATE SIGNED Attending | approval 23 C. PHYSICIAN'S 23D. ADDRESS EDGAR GEDOSH MD THE UNION MEMORIAL HOSPITAL 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar caunty) REMOVAL (Specify) Sudlersville Cemetery May, 15, 1968 Md. Sudlersville, 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250 FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/6B

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BALTIMORE CITY HEALTH DEPARTMENT 68- 5108 REG. NO CERTIFICATE OF DEATH Súch death Deceased BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MADDEN, VERNON RALPH LO MAY 13, 1968 hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance B. COUNTY (2) MARYLAND 21061 cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 10 GLEN BURNIE YES X NO prior AGNES HOSPITAL E. STREET AND NUMBER contributing etermined 307 CATHEDRAL PLACE regular 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 7. MARRIED X NEVER MARRIED BB deceased Doys Hours WIDOWED MALE DIVORCED 07/10/95 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Retired MARYLAND pun US MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) JOHN MADDEN UNKMOWN UO eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance 212071468 RECORDS-WILKENS & CATON ST AGNES any CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 MYOCAR DIAL BETWEEN ONSET AND DEATH ACUTE DISEASE OF CONDITION DIRECTLY med (A) IMMEDIATE CAUSE INFARCTION
DUE TO, OR AS A CONSEQUENCE OF: LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., mbal ARTERIO SCLE ROTICEARDIO heart failure, asthenia, etc. II means the disease, regular injury ar camplication which caused death,) ANTECEDENT CAUSES UASCULAR FIG DUE TO, OR AS A CONSEQUENCE OF who 0 HEART DISEASE are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains Was 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where ° MEDICAL hospital DEATH (notify medical examiner) nature; 21 D. TIME obtained 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY Not While (except While At p (APPROX.) Work At Work and to the any 1968 to MAY 13 22. I certify that (X) (this haspital) attended the deceased fram MAY 5... 68 MAY 13. __19__ that () (we) last saw the deceased alive an. pe eath) of hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23B, DATE SIGNED 23A. SIGNATURE D Attending [Med. Staff 05 13 68 0 Director approval Phys. at a 23 C. PHYSICIAN'S 23 D. ADDRESS prior NAME (Type) shows: (1) An

20B. IF YES. WERE FINDINGS CONSIDERED (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date HOSPITAL-CATON & AGNES WILKENS TIMORE 21229 MARYLAND 24A. BURIAL CREMATION, 24B. DAT 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 16/1AY 25A. DATE REC'D BY HEALTH DEPT. 250 FUNERAL DIRECTOR 258. NAME OF REGISTRAR VS 150-REV. 1/1/68

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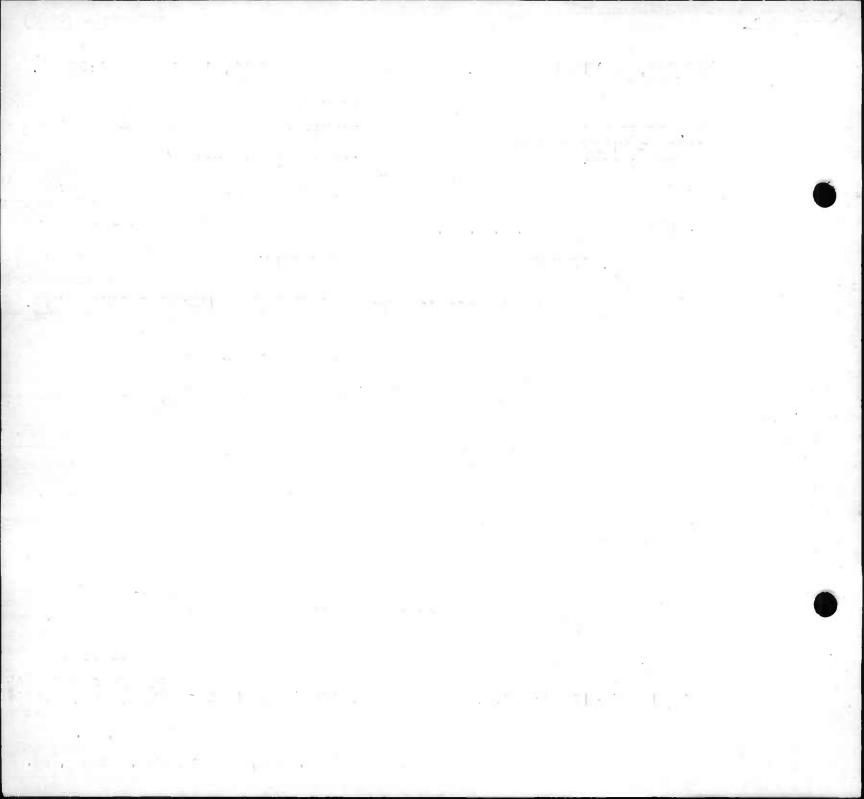
THE LAND TOWNS THE STREET

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

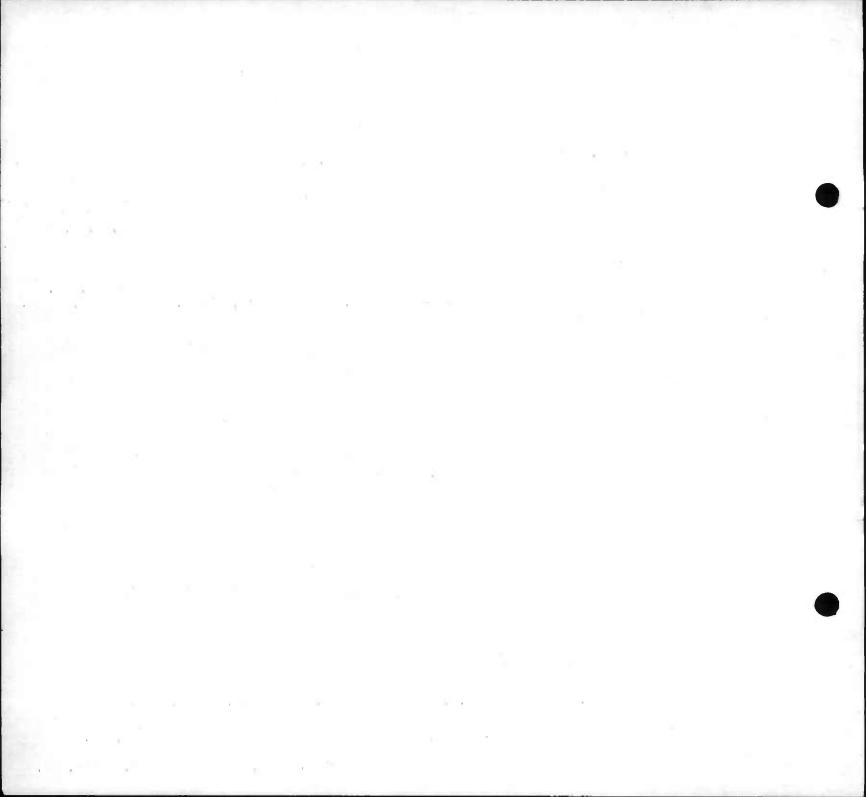
	68- 5	100 BALTIMORE CITY	HEALTH DEPARTMENT		68- 5109			
BIR	ATH NO.	CERTIFICA	TE OF DEATH	REG. NO	00, 0100			
	NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH				
S	TOKES. WILLIAM	0.	MAY	11, 1968	1:10 A. M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUN	TY	stitution: residence before admission)			
FU	LL NAME OF (IF NOT IN HOSPITAL OR II	ISTITUTION, GIVE STREET	MARYLAND					
N	ST. AGNES HOSP		C. CITY OR TOWN BALTIMORE		VE NO NO			
0	CATON & WILKENS AVES	E. STREET AND NUMBER		THE PARTY OF THE P				
B	BALTO MD 21229		132 S ELLWOOD AVE					
5. 5	MAK	RIED NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths! Days Hours! Min.			
	Male White WIDO		09/29/02	65				
don	NUSUAL OCCUPATION (Give kind of work 108, KIN during most of working lile, even if retired)		11. BIRTHPLACE (State or fore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?			
R	RETIRED_ Janitor A. D	. T. Co.	MARYLAND		USA			
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
	JOSEPH B. STOKES		MARY E CRISP					
S. Ye	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give war ar dates af serv	icel SECURITY NO.	17. INFORMANT		ADDRESS			
	ES WWII	212 12 985	ST AGNES HOSE	WILKENS	& CATON AVES.			
_	18. /62. / 1	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY							
	LEADING TO DEATH							
	heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) ANTECEDENT CAUSES ANTECEDENT CAUSES							
	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, if any, g	villig	A CONSEQUENCE OF:		112			
	UNDERLYING CONDITION last.	(C)						
z	163X II							
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUT							
FICA	19A. DATE OF OPERATION 19B. CONDITION	20 A. AUTOPSY? (Yes ar No	D 20B. IF YES, WERE F	FINDINGS CONSIDERED				
RTIF	WAS PERFORMED		NO IN CERTIFYING CAUSES OF DEATH?					
S	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID	(If In Baltimare	e City, give exact lacation)			
CAL	DEATH (natify medical examiner)	etc.)	into stagi, ittori o docum					
03	21D.TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
S	(APPROX.)	While At Wark At Wark	te 🔲					
	22. I certify that (I) (this haspital) attend			19ta05	/11 19.68			
	that (I) (we) last saw the deceased alive							
	and haur and fram the causes stated abo			,,				
	23A. SIGNATURE	(1) (1) (10) (5) (5) (6) (6) (10)	The budy after deaths		23B, DATE SIGNED			
	Mannin	DL.	ending Med.	Staff Phys.	05/11/68			
	23 C. PHYSICH NES	GEGREE F77	23D. ADDRESS		LKENS & CATON A			
	HAMID MEADIZADEH, M		ST. AGNES HOSI	N 4 70 A 4	LTO., MD. 21229			
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CR			ty, tawn, ar caunty) (State)			
	REMOVAL (Specify) Burial 5/14/68	Oak Lawn Cemete:			imore, Md.			
1.6		ME OF REGISTRAR	25C FUNERAL DIRECTO		ADDRESS			
	MAY 15 1968 P.O.	62 Falleria	John J. Duda,	7922 Wise 1	Ave. Dundalk, Md.			
VS	150-REV, 1/1/68							



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	68	511	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5110	
	00-	OLL	CERTIFICA	TE OF DEATH	REG. NO	33 0110	
BIRTH NO.	DEGEA CED				D HOUR OF DEATH		
Type or Print)						2150	
	Marcel Mazur			May 1.	1, 1968	3 - / M.	
3. PLACE IN 1	BALTIMORE, MARYLAND, WHER	E PRONOU	NCED DEAD	A. STATE B. COUN		institution: residence before admission)	
FULL NAME HOSPITAL OR		OR INSTITU N)	TION, GIVE STREET	Maryland c. City or town	- D. LIN	SIDE CITY LIMITS?	
A 6	616 S. Kenwood	Azronz	30	Baltimore E. STREET AND NUMBER		MAES (NO	
00	Olo D. Kenwood	Avent	te	616 S. Kenwood	Avenue		
SEX	6. RACE 7. A	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	ost birthdoy)	Months Doys Hours Min.	
Male		IDOWED		June 16, 1882	85		
	CCUPATION (Give kind of work 10B. It of working life, even if refired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?	
_	enter			Poland		U. S. A.	
3. FATHER'S				14. MOTHER'S MAIDEN NAM			
	Not Known			Not Known	n		
	used Ever in U. S. Armed Forces? own) (If yes, give wor or dotes of		1 6. SOCIAL SECURITY NO.	17. INFORMANT (Daught	ter)	Balto. Md.	
	Own the yes, give wor or ories or	36141061		Mrs. Amelia Riz		Kenwood Ave.	
No			CAUSE OF DEATH		30, 010 0.	APPROXIMATE INTERVAL	
16	411				2	BETWEEN ONSET AND DEATH	
DIS	EASE OR CONDITION DIRECT	ILY		R (/	20	f m m	
(This doe	s not mean the mode of dyi	00 00	(A) IMMEDIATE CAU		ug life	6 ALOWS	
	ure, osthenio, etc. it meons the		DUE TO, OR A5	A CONSEQUENCE OF:	1.		
	complication which coused dea					4 4 4 5	
	ANTECEDENT CAUSES						
DISEASES	S OR CONDITIONS, if ony,	atula a	(B)	A CONSEQUENCE OF:			
	the obove couse (A) sto		501 10, 011 110				
UNDERLY	ING CONDITION lost.		(c)				
163	X		0	0.0			
	NIFICANT CONDITIONS CONTRI		Q t	It. also		Burasa	
C DISEASE C	EATH BUT NOT RELATED TO THE TE OR CONDITION GIVEN IN PART 1	(A).	Mount	una con ou		- Just -	
19A. DATE	OF OPERATION 198. CONDITION		HICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
	WASTERIOR	***************************************		No			
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF otify medical examiner	21B. home etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct focotion)	
21 D. TIME		lour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJUR	Ť		le At Not While	e 🗍			
		Worl			1.	· May	
22. I cert	tify that (1) (this haspital) at	ttended th	e deceased from	7/(24)	9 60 ta	11/1/19 19.60	
	ve) last saw the deceased a				at in (my) (🐠 ap	pinian death accurred an the date	
and haur	and fram the causes stated	abave. (I)	(We) (did) (did hat) v	iew the bady after death.			
23 A. 5 IGN	ATURE 0 16					23 B. DATE SIGNED	
	- Well My Place	al		nding Med.	Staff Phys.	5/13/68	
23 C. PAYS	ICIAN'S	CALL.	DEGREE	23D. ADDRESS	,		
NAM	E Hypel)					
	John W. Barnab	- 1	M.D. DEGREE	1531 E. North A			
AA. BURIAL	CREMATION, 248. DATE	24C. N.A	ME of CEMETERY OF CRE	MATORY 24D. LC	OCATION	City, town, or county) (Stote)	
Buria	5/15/68	St.	Stanislaus C	emetery.	Rel	timore, Md.	
SA. DATE DE			F REGISTRAR	250 FUNERAL DIRECTOR	Dal	ADDRESS	
AIL NE			E, Farberna		2820 цида	on St. Balto. Md.	
	MAY 15 1968 R	Kruls	C, UCLUSEUS	Joint o. Duda,	LULY HUUS	on st. Balto. Md.	
	10 11 0						



1	5-143 68- 5111 CENTIFIC	TY HEALTH DEPARTMENT			
	OU OTTT CERTIFIC	ATE OF DEATH			
,	BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH			
	(Type of Pont)	1 1 - 06 0			
	MERRICK WINFIELD SPALPII 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed fixed, If institution; residence before admission)			
	The state of the s	A. STATE B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND DOTTE, A. S.			
	INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	US PUBLIC HEALTH HOSPITAL	E. STREET AND NUMBER 10509 EDGEMONT DRIVE			
0	X BALTIMORE, MD				
9					
made.	MARKIED DIVEVER MARKIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
em s	MALE WHITE WIDOWED DIVORCED	4/14/1915 53			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during mast atworking, life even if retired)	RY 11. BIRTHPLACE/(Stote or foreign country?			
. <u>e</u>	done during most at working life word relived) DEPT of LABOR	WASHINGTON DESA			
sposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Sp	HARRY SPALDING	MARY J. MAND			
5	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL				
	(Yes, no our knows) (If yes, give war or dotes of service) SECURITY NO.	SI TEAN I SPALDING Same as # 4			
	57-36-11				
0	18. 172.9 1 CAUSE OF DEA	BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2-2-2-1 2000 1 6 1121185			
	(This does not mean the made of dying, e.g.,	AUSE AJPIRATION PREUMONIA 6 HOURS			
	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	43 A CONSEQUENCE OF:			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
D	ANTECEDENT CAUSES (8)	AS A CONSEQUENCE OF:			
	rise to the above cause (A) stating the				
e remains a	UNDERLYING CONDITION last. (C) (C)	IN MOLTIPLE METASTASIS 79			
	190,9 11	RAIN, PASTERINGESTINALTRACT			
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).				
I	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location)			
I	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?			
	DEATH (notify medical examiner)	N/Nº			
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At MAN Not W	21F. HOW DID INJURY OCCUR?			
1	(APPROX.) While At Work Work Work	(hile Declared to the late of			
	22. I certify that (this hospital) attended the deceased from	1/31/68 19 10 5/12 19.68.			
1	that # (we) last sow the deceased alive an 5/19	and that in (my) (aur) apinion death accurred an the date			
Ш	and hour and from the causes stated above. (1) (We) (did) (did not				
١	23A. SIGNATURE	23B, DATE SIGNED			
	- 1 / T mo	Attending Med. 5toff 5			
	Howard Con In DEGREE	Phys. Director Phys. D			
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS			
	FHOWARD COST, YF !	USPUBLIC HERCTH HOSPITAL BALT.			
	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)			
	BURIAL 5115168 (Ondan 148)	amiting Suttand Maryland			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	1 256 FUNEPAL DIRECTOR FRS GO RUER ADDRESS MA			
	MAY 15 1968 P. O. P. O. T. O. M.	W.W.CHAMBEND OO. NIVERDALE, MD			
	VE 150 PEV 1/1/69				

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11-2	68- 5112 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 68- 51						
-426	DO DILL CERTIFICA	ATE OF DEATH REG. NO. 68- 5112					
and sath sed the the	BIRTH NO.	2, DATE AND HOUR OF DEATH					
deat deat cease on th	(Type or Print) Frederick H. Welker	5/12/68 3:45 p. m.					
+ + 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)					
hospit ise of (5) De ance deatl		Maryland					
T 8 0 0	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN TO INSIDE CITY LIMITS?					
cau use; end to	INSTITUTION	Baltimore YES (NO [
d in ing cau	42	E. STREET AND NUMBER					
9 - d - d - d	SOUTH BALTIMORE GENERAL HOSPITAL	532 Sunset Road					
occurr ontribu ermine regula sased is mad	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
ntr mtr mr egi	Male White WIDOWED DIVORCED	Ц/7/00 68					
h co	IDA, USUAL OCCUPATION (Give kind of work) TOB, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
ir ir de	Supervisor Work Shop for Blind	Maryland U.S.A.					
de Uras	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
# 64 x + ds	Frederick L. Welker	XXXX Marie Mienel					
di d	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS					
he d kind; deat deat ce ou	(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. 212-32-0580	Mrs. Carolyn S. Welker, 532 Sunset Road					
d d d	11B, CAUSE OF DEATI	H APPROXIMATE INTERVAL					
o, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
Also e of nour atte	LEADING TO DEATH	ISE Cerebral thrombosis, It about I day					
o rong	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
ner pr pr nb							
fr. fr. eg	ANTECEDENT CAUSES (B) Cerebra	l'arterioscherosis					
X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:					
an (3)	UNDERLYING CONDITION IOSI. (C) Brown	preumonia, bilateral					
dical cal ns; ici	-332× 11	obstruction (operation: done)					
edi edi nys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINAL	obstruction (operation: ame)					
F Z Z E		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
Sod hie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED STORY						
he c by (2) E re t phy fore	U 21A. ACCIDENT WAS UNDERLYING 1 0218. PLACE OF INJURY (e.g., i	n or obout 21C, WHERE DID (If in Baltimate City, give exact location)					
tal tal her her bef	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	ince bidg, INJURY OCCUR!					
7. U L E	O 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
hosp natur ept w d (6)	OF INJURY (APPROX.) While At Not While At Not Work At Work At Work Not Work At Work Not Work Not While Not Work Not While Not Work Not While Not Wh	e 🗍					
y n xce	22. 1 certify that (1) (this baselial) attended the deceased from	april 2/ 19 68,0 May 12 19 65					
du d	that (1) (we) just saw the deceased alive an May 12	19 '68 and that in (my) (of) pinian death accurred an the date					
5 = 5 = E	and haur and fram the causes stated abave. (I) (W) (did) (did nat) v						
dent o	23A. SIGNATURE	23 B, DATE SIGNED					
3 0	A U Plins AHO	ending Med. Shoff Tr					
E = 0 = 1	23C. PHYSICIAN'S	s. Director Phys. A May 13, 1968					
was An a	NAME (Type)						
4	SANG WOON RHIM, M.D. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	S.B.G.H. 1213 Light Street EMATORY 24D. LOCATION (City, town, or county) (State)					
4 () () () () () ()	REMOVAL (Specify)						
ws: ws: bood ws: bood	Burial 5-16-68 Druid Ridge Cemer	tery Pikesville, Baltimore County, Md.					
This cert the body shows: (was D.O decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Howard H. Hubbard, 4107 Wilkens Ave. 21229					
4 2 0 2	MAY LA ISUD UILLIAND CO.	The state of the s					

Burial 5-16-68
25A. DATE REC'D BY HEALTH DEPT. 2 25B. NAME OF REGISTRAR

Contral ductor Carped atoricalions Brooking remains, bistoril . 19/7/21 plant was derro pylone Waterday Yes 68- 5113 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO 68- 5113

BIRTH NO.	REG. NO.								
NAME OF DECEASED	2. DATE Known Month Day Year Hour								
Type or Print) EDWARD R BROWN	OF DEATH Estimoted May 12, 1968 6:40 P.								
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 12, 1968 6:40 P.								
2800 Blk. Westwood Avenue (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY								
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
Male Negro widowed Divorced	Baltimore NES NO								
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.	E. STREET AND NUMBER								
9. DATE OF BIRTH 8/28/36 10. AGE (In yeors lost birthdoy) Months: Doys Hours Min.	2913 Windsor Avenue								
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME								
N.C. WHAI COUNTRY?	Dick Brown								
4A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY									
done during most of working life, even it retired)									
Laborer Garage	Hattie Brown 18. INFORMANT ADDRESS								
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.									
No Unknown	Dick Brown 2913 Windsor Ave. Balto.Md.								
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY Fatty Me	tamorphosis of Liver								
LEADING TO DEATH (A)IMMEDIATE C	AUSE								
	AS A CONSEQUENCE OF:								
injury or complication which coused death.)									
ANTECEDENT CAUSES (8) DUE TO, OR AS A CONSEQUENCE OF:									
RISE TO THE ABOVE CAUSE (A) STATING THE									
Z UNDERLYING CONDITION LAST. (C)									
0 5 81.0 II									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)								
0 2	yes								
22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)								
5	e bldg., etc.) INJURY OCCUR?								
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.*NJURY OCCURRED	22F. HOW DID INJURY OCCUR?								
OF INJURY NOT	WHILE I								
(APPROX.) m. WORK AT W	ORK L								
	and that an this basis doubt in my printer								
	tapsy 🔀 and that an this basis, death in my apinian								
resulted from: Natural causes X Accident Suicident									
1 1 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED								
SIGNATURE I half I know M.E.	ASSISTANT MEDICAL EXAMINER								
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 5-13-68								
NAME (Type)									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (State)								
REMOVAL (Specify) Burial 5/17/68 Mt. Auburn	Balto. Md								
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS								
4 7 4	# 1								
MAY 1.5 1968 (1) Lub 2, tallegra	OW.J. Chatman, Jr. 1701 McCulloh St.								

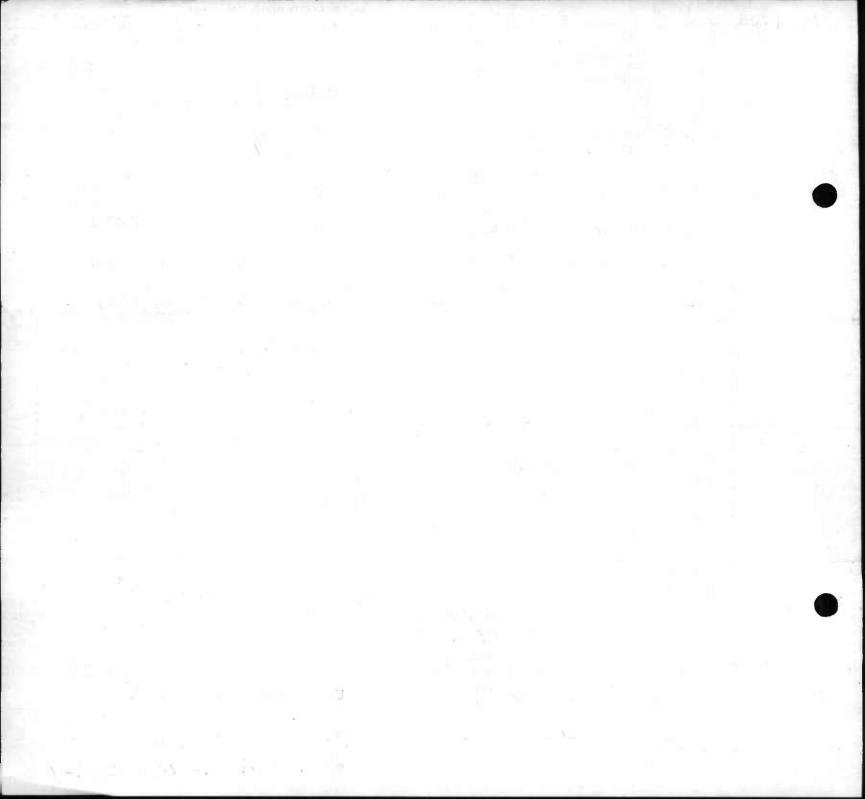


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1151	BALTIMORE CITY	HEALTH DEPARTMENT	F 4 4 4	
1-4-0C	BIRTH NO. BALTIMORE CITY CERTIFICA	TE OF DEATH REGINO 68	- 5114	
death death eased n the Such	1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH		
de de cea	(Type or Print) Helmuth Willi Moll	May 11, 1968	LO:30 A	
pital and of death Deceased te on the ath. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: teside A. STATE B. COUNTY	ence before odmission	
S = S = S	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Germany (W) //-65		
se; (sering	INSTITUTION	C. CITY OR TOWN Ludens cheld D. INSIDE CITY LIMITS?		
ng caus	US Public Health Service Hospital 3100 Wyman Pk. Drive	E. SIREET AND NUMBER CALL		
d d d d d d d d d d d d d d d d d d d	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Lenne Str 6/	.06	
F 200 D	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under Months; Do	Yı. If Under 24 Hrs	
occur ontrik ermin regul eased is ma	M W WIDOWED DIVORCED	6/2/40 27		
or condete	done during most of working life, even if retired) 3rd engineer Seafaring	Germany 12. Citizen Germany	any	
D - D - S	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
+	Wilhelm Moll	?		
ath on on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT AL	DDRESS	
the the de de de ince		Records- US PHS Hospital, Balto	o, Md.	
s as if any ced	18.084,01 CAUSE OF DEAT	H BET	APPROXIMATE INTERVAL WEEN ONSET AND DEAT	
E 0 + E 0 P	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Malaria (plasmodium	Days	
A e e e E	(A) IMMEDIATE CAL	A CONSEQUENCE OF: falciparum)		
er. ctu pro lar	hearl failure, asthenia, etc. If meons the diseose, injury or complication which coused deoth.)			
fra fra fra er	ANTECEDENT CAUSES			
xan xan xan wh wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:		
al e an	UNDERLYING CONDITION Iosi. (C)			
nedica edica burns, hysici n was	z 1/2 X II			
med bu bu bu bu bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).			
dy e E	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CO	ONSIDERED	
ch BBo th th re		yes yes		
the (2) ere o phe efor	OR CONTRIBUTING AS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, factory, street, or DEATH (notify medical examine)	in or about 21C. WHERE DID (If In Baltimore City, give exfice bldg., INJURY OCCUR?	xoct locotion;	
by the re; (whe No	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
nosi atu pt (6)	While At Not Whi	le 🗀		
y n y n y n y n d	22. I certify that (I)/(this haspital) attended the deceased fram	May 6 1968 10 May 11	19.68	
apprint the the the the the the the the the th	that (f) (we) last saw the deceased alive an May 11	19 68 and that in (n/y) (aur) apinion death		
007-	and haur and from the causes stated above. (1) (We) (did) (did) (ot)			
dent deat deat must	23A. SIGNATURE	23B, DATE S	SIGNED	
5 9 12 4 0 -	James S (mt. M. B. GEGREF Phy	ending Med. Staff X	/13/68	
0 - 0 - 5	23C. PHYSICIAN'S	23D. ADDRESS	120/00	
y was r y was r 1) An a).A. at d prior	UEGKEE	US PHS Hospital, Balto, Md.		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		county) (State)	
- C C	Cremation 5-14-68 Greenmount Crem	25C. FUNERAL DIRECTOR		
This the show was decompleted	2SA, DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	O Sho C. Miller Inc6415 Belain	ADDRESS	
-+ u > 0 >	THE THE HAVE APPOINT IN MINISTER C.	1) July Belais	r Rd21206	

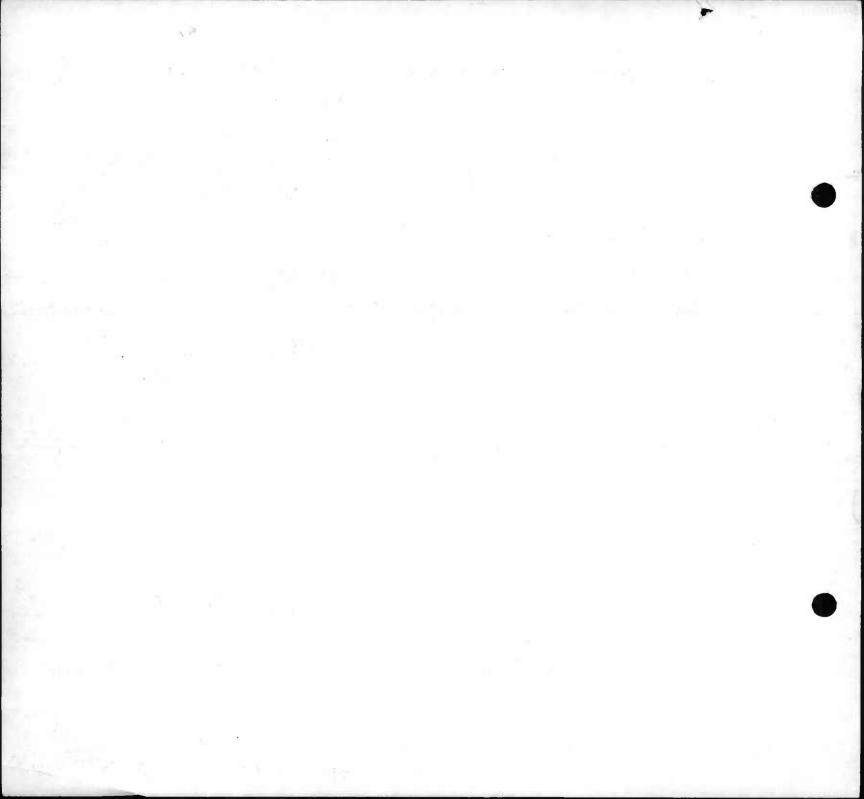
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/6B



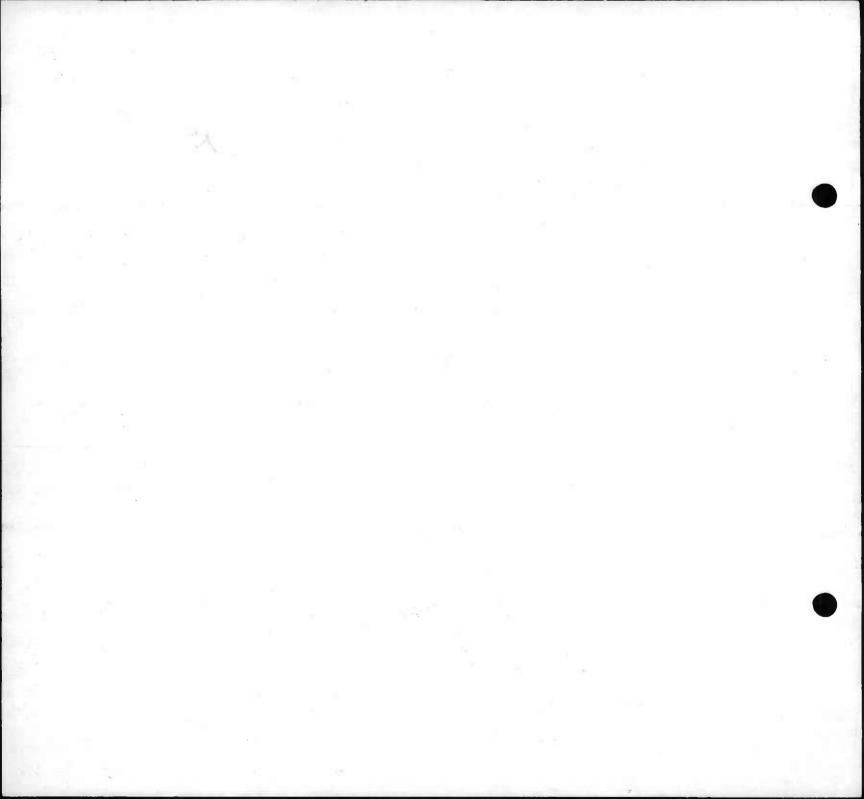
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-	00 1	5115 BALTIMORE CITY	HEALTH DEPARTMENT	10		
	08-	CERTIFICA	TE OF DEATH	REG NO.	68-54	45
	TH NO.	CLKTITICA		1	00 01	LU
	DE OF DECEASED		2. DATE AN	D HOUR OF DEAT	TH 1	0
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		institution; residence	M. before odmission)
)	V	A. STATE B. COUN	7	, 1.	1
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	Brecel	NSIDE CITY LIMITS?	53-00
IN:	STITUTION		DK 1	0-20		ПоП
	42 (-		E. STREET AND NUMBER	1	1.25	
	Deven		6104	Laurel	Wood H	ve
5. 5	6. RACE 7. MARR WIDOV	NEVER MARRIED DIVORCED		ost birthday	If Under 1 Yr. Months Doys	If Under 24 Hrs. tours Min.
FOA	USUAL OCCUPATION (Give kind of work 10B. KIND		11. BIRTHPLA CE (State or foreig	gn country	12. CITIZEN OF V	VHAT COUNTRY?
don	e during most of working life, even if retired)		R 11 -		133	42
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
	9		, , , , , , , , , , , , , , , , , , ,			
10	Ludwy	14 606141	Fanne		ADDRES	
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT		ADDRES	2
1	les wwI	215-01-6237	Alongh for		Sa	···e
	18. 4/0,9	CAUSE OF DEATI	1			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Accus	\ W	1.0	5
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:) - 140	andun	
	heort failure, asthenia, etc. It meons the dise injury or complication which caused deoth.)		A CONSEQUENCE OF	Infan	stion	
	ANTECEDENT CAUSES		1 - 10	Y		
	DISEASES OR CONDITIONS, if any, give	(B)	A CONSEQUENCE OF:			
	rise to the above cause (A) stating	, mg				
	UNDERLYING CONDITION lost.	(C)				
z	42011 II	16				
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN					
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or Not	20B. IF YES, WEI	RE FINDINGS CONSID	ERED
ERTIFIC	WAS PERFORMED		No	IN CERTIFYING	CAUSES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltin	more City, give exact lo	cation)
EDIC	21D. TIME (Month) (Doy) (Yearl (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
2	(APPROX.)	While At Work Not While At Work				
	22. I certify that (I) (this hospital) attended			9 (2 8 ta	5-13	1968
	that (I) (we) last sow the deceased alive	5 75			opinion deoth occur	
	and hour and from the couses stated abov		0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	23A. SIGNATURE	C. (1) (110) (d10) (d10 1101) V	Tew file body differ debilis		238, DATE SIGNE	D
	Se. The	Atte	nding Med.	Staff Phys.	5/13	168
	23C. PHYSICIAN'S	DEGREE Phys	i. Director	rnys.	3/19	168
	23C. PHYSICIAN'S NAME (Type)	2110 V	5	HAZ	1 +1	
244	A. BURIAL CREMATION, 248. DATE. 24	OEGREE	MATORY 24D. 10	CATION	(City, town, or county)	(Stote)
- 7	REMOVAL (Specify)	Date II O	270. 10	0+	7.17, 10 411, 01 60011191	100
25.4	Bureal 5 1468	ME OF REGISTRAR	CELL BUNEPAL DIRECTOR	rallo	ADD	PECC
234	MAY 15 1968 R. P. A.	2) Jaile As	Sulven 5	wisdSon	9610 Revot	
VS	150-REV. 1/1/6B		0		7	



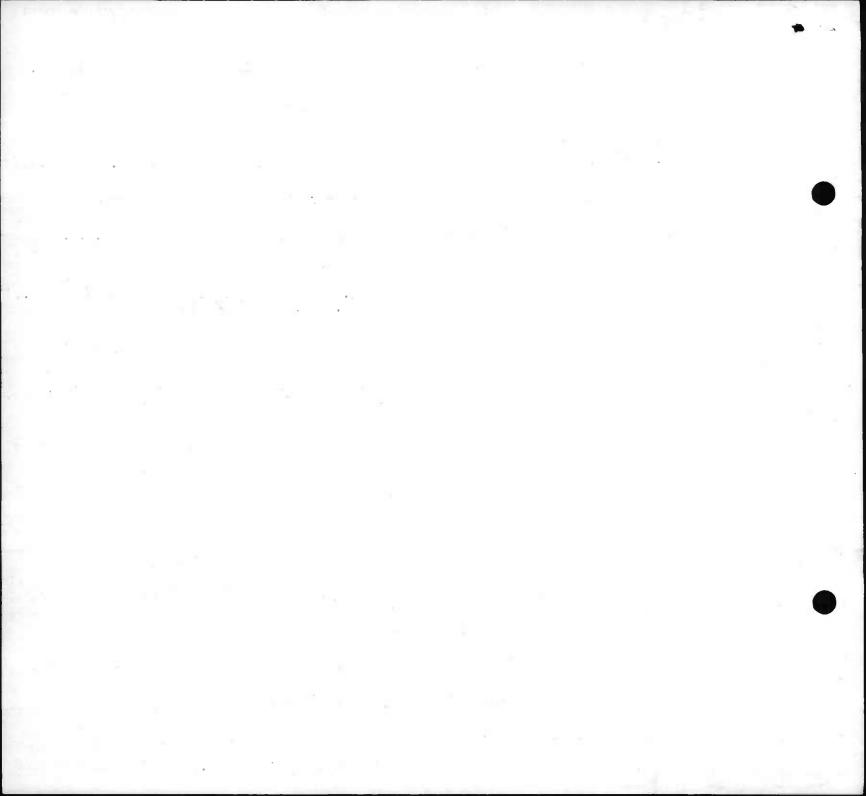
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

	BALTIMORE CITY	HEALTH DEPARTMENT	68	3-5116
68 5	116 CERTIFICA	TE OF DEATH	REG. NO.	2110
BIRTH NO.			D HOUR OF DEATH	50
(Type or Print) Par Vine M	ax parot A	5-	-11 /18	10
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOTINCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If institution	on: residence before admission)
		A. STATE B. COUNT	IT .	
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CI	турилиса
INSTITUTION		Bat	YES	NO
36	10	E. STREET AND NUMBER	1E3	
to the Sain	re Hospital	22296	Mars D.	- 12
S. SEX 6. RACE W. MADD		B. DATE OF BIRTH	AGE (In years If t	Jnder 1 Yr. , If Under 24 Hrs.
Q Ti 111			ost birthdoy Mor	ths Doys Hours Min.
10A, USUAL OCCUPATION Give kind of work 10B, KINE		11. BIRTHPLACE (State or loreis	gn country) 12.	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	OF BOSINESS OR INDUSTRI	D //	gn country/	CHIZEN OF WHAT COUNTRY:
Retired		Baltimor	e MO	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
Datrick Kall	,	Mario 2	rol	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	701	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of Lervin	SECURITY NO.	ROBT.	G. DAY	
NO	2/1/-/4-1	3 12	3739 ELMOI	
1B. 4 / 2 3 I	CAUSE OF DEAT	Н		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		D .	4	
LEADING TO DEATH	(A) IMMEDIATE CAL		pusation	
(This does not meen the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
injury ar complication which coused death.)	- 0 1		+ /	- / .
ANTECEDENT CAUSES	(B) /41/	In Scherol	ic heart	desease
DISEASES OR CONDITIONS, if any, given	9	A CONSEQUENCE OF:		
rise to the obove couse (A) stoling UNDERLYING CONDITION last.				
	(C)			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG			100
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART I. (A).	IAL			
U 19A-DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore City	, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
<u>o</u>	21E. INJURY OCCURRED	21F, HOW DID INJU	Inv accus	
OF INJURY (Month) (Doy) (Year) (Hour)	While At Not While		DRT OCCUR:	
(APPROX.)	Work Al Work	· 1		
22. I certify that (1) (his haspital) attended	ad the deceosed from	5-10 68 1	960 10 5	-1/ 19 BP
that (1) (we) last saw the deceased alive	on 5-11	19 P and the	at in (my) (our) oninton	death occurred on the date
	~ " "	V D		
and hour and from the couses stated above	3. (1) (me) (ala) (ala not) (new the body offer deoff.	1228	DATE SIGNED
23A. SIGNATURE	C AM	ending Med.	Staff Staff	+ 11 /A
Mak Joong	OEGREE Phy	s. Director	Phys.	5-11 61
23C. PHYSICIAN'S NAME (Type)"	. /	23D. ADDRESS	1.	11 -
Nak Trong	/kg GEGREE	Trankl	ill Stran	o Host Ma
24A. BURIAL CREMATION, 26B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION / City, to	wn, or county) (State)
REMOVAL (Specify)	102 b D	1-12 TZ	Liethon.	AND .
190111AL S/19105 A	ALDE DECISION	= 25C FILNEDAL DIRECTOR	TLTI GNORE	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		
MAY 15 1968 1 0.	By Jalleuna	VLURICH FU	NERAL HOME	4210 BELDIR



BALTIMORE CITY HEALTH DEPARTMENT 68-5117 REG. NO. 58- 5117 CERTIFICATE OF DEATH and Such death Deceased BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 50 hospital death. 4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD institution: residence A. STATE attendance (2) LTIMORE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** HOSPITAL OR D. INSIDE CITY LIMITS? canse; 0 O YES X NO prior E. STREET AND NUMBER contributing etermined disposition is made regular 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. MARRIED NEVER MARRIED Hours deceased lost birthdoy WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) MOS 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME the O death kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 7. INFORMANT ō AVENUE (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. final attendance any CAUSE OF DEATH pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE embal heart loilure, asthenia, etc. It means the disease, DO injuly of complication which caused death.) ANTECEDENT CAUSES who 5 (B)_______DUE TO, OR AS A CONSEQUENCE OF: 9 9 DISEASES OR CONDITIONS, if ony, giving ō 3 the obave couse (A) sloting the physician UNDERLYING CONDITION last. remains SDA medical 434, П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body CERTIFIC 20A. AUJOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? O WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital S N etc.) DEATH (notify medical examiner) nature; MEDIC obtained 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21 E. INJURY OCCURRED 9 OF INJURY Not While approved (except While At (APPROX.) Work At Work and any 22. I certify that () (this haspitet) attended the deceased that (1) (we) last saw the deceased alive an and that In(my (aur))opinion death occurred on the date be o eath) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident was release 23B. DATE SIGNED 23A. SIGNATUR 0 Attending [Med. Staff 0 Phys. Director L Phys. approval O 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS prior to An 24A. BURIAL CREMATION, REMOVAL (Specify) CREMATORY (State) eceased o the body written shows: ď 25B. NAME OF REGISTRA MOS 25A. DATE REC' 0 VS 150-REV. 1/1/68

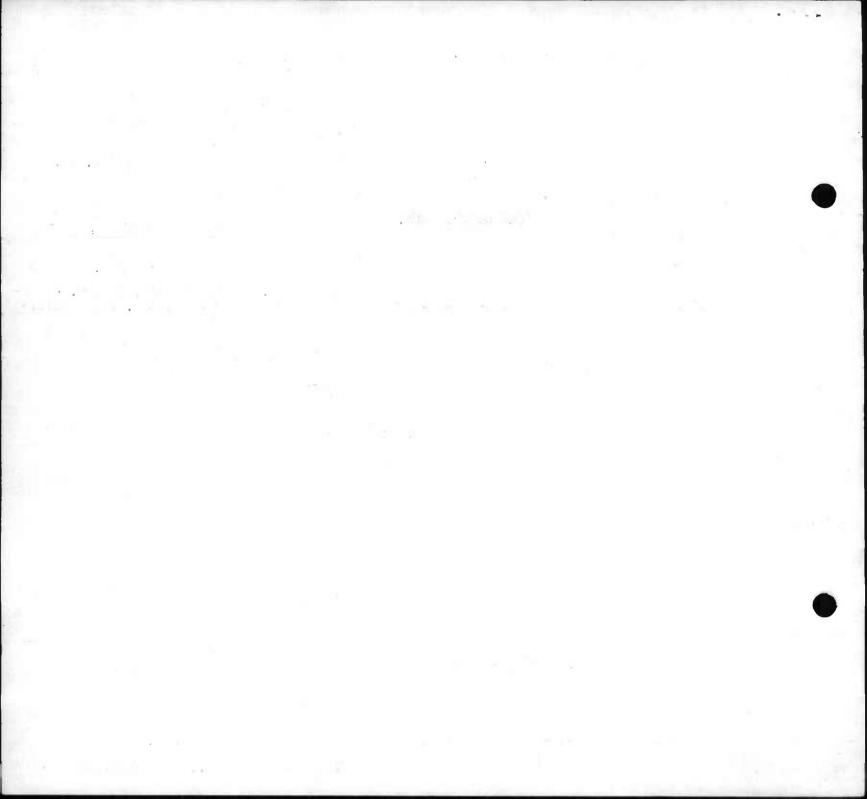
533	68	- 5118		TE OF DEATH	REG. NO. 68	3-5118
BIRTH NO	7		CERTIFICA	TE OF DEATH		
(Type or Pri	F DECEASED REDNADO	STEINBERG			1046	8:10 P. M
3. PLACE	N BALTIMORE, MARYLAND, V		D DEAD	4. USUAL RESIDENCE (Where	1968 e deceased lived. If instit	tution: residence before odmission)
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OR LOC		I, GI∨E STREET	MARYLAND C. CITY OF TOWN BALTIMORE		CITY MITTS
4	DERE NURSING HOMI V. BELVEDERE AVEN			E. STREET AND NUMBER		100 101 1010
S. SEX	6. RACE			B. DATE OF BIRTH		APT. 406 #21209
MAL.		7. MARRIED X N WIDOWED 10B, KIND OF BUSI	DIVORCED [4-25-1908	ost birthdoy) A	Months Doys Hours Min.
	RMACIST	DRUG STOR	RE	BALTIMORE, MAR	YLAND	u.s.A.
JA	COB STEINBERG			SARAH SONDEL		ADDRESS
	ceosed Ever in U. S. Armed Fo nknown) (If yes, give wor or dote		SECURITY NO.	MRS. LOUISE STEI APT. 406. BALTI	NBERG, 6314	GREENSPRING AVE.,
DISEA rise UN DE DISEAS 19A. D.	LEADING TO DEATH does not meen the made of failure, asthenia, etc. It means at complication which caused ANTECEDENT CAUSES SES OR CONDITIONS, it to the abave cause (A) RLYING CONDITION lost. II SIGNIFICANT CONDITIONS CC E DEATH BUT NOT RELATED TO 1 E OR CONDITION GIVEN IN PAI ATE OF OPERATION 19B. CON WAS PER	the disease, death.) ony, giving stoling the INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR WHICE FORMED	(B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:		DINGS CONSIDERED ES OF DEATH? City, give exoct locotion)
OR CO DEATH 21D. TI OF IN.	INTRIBUTING CAUSE OF (notify medical examiner) ME (Month) (Day) (Year) URY	home, for	JRY OCCURRED	ffice bldg., INJURY OCCUR?		
that (and h 23A, SI 23C, Ph N	ertify that (1) (this hospits)) (we) lost saw the decease aur and fram the causes sta GNATURE LEST CALL HERBERT ALL CREMATION, [248, DATE	Work I) attended the de ad olive on	At Work secosed from acting f 3, (djd) (did not)	19 6 S ond the view the bady after death. Med. Director 23D. ADDRESS 3643 GLENGYL	Shaff 2 Phys. 2 E AVENUE	an death accurred on the dat 38. DATE SIGNED The sign of the sig
BUR		BALTI 25B. NAME OF RE	MORE HEBRE	W RE	ISTERSTOWN, I	ADDRESS



Matheory 5 1605

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

C-65/ 68- 5119 BALTIMORE CITY HEALTH DEPARTMENT REG NO. 68- 5119												
CERTIFICATE OF DEATH												
I, NAME OF DECEASED	LIP F. C 1 1	2. DATE	AND HOUR OF DEATH									
(Type or Print)	(anbl	ATT S-	13-68	12:35 Pm.								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COL		nstitution: residence before admitsian)								
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Mar &	saltune									
INSTITUTION ADDRESS OF EGGATION		C. CITY OR TOWN	D. HVS	YES TO TO TO								
41 (E. STREET AND NUMBER		YES NO.								
12 dunas 9	1090.	2607 W	bot belved	ere APT. 1 C								
5. SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.								
male (an casian wido		3-30-02	66	THE COUNTY OF WHAT COUNTY								
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	BESCHE BROS.	II. BIRIHPLACE (Stote of to	reign country)	12. CITIZEN OF WHAT COUNTRY?								
Salaman 13. FATHER'S NAME	1- urniture	Dalte	more	0.3(1)								
1. O O O	2 - 11 -	14. MOTHER'S MAIDEN N	AME									
15 Was Deceased Ever in U. S. Armed Forces?	A TO	17. INFORMANT		ADDRESS								
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) If yes, give wor or dates of sen		MRS.		ATT, 2607 W. BELVE-								
NO III	216-28-1240A CAUSE OF DEAT		DERE AVENUE,	APT. 1 C #21215								
DISEASE OR CONDITION DIRECTLY	ONOUE OF DEAT	A A	h ()	BETWEEN ONSET AND DEATH								
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Harle Muye	o condial In	mayor (5)								
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8									
injury or complication which coused deoth.)	\wedge	The										
ANTECEDENT CAUSES	(B) DUE TO OR AS	A CONSEQUENCE OF:										
DISEASES OR CONDITIONS, if ony, g	the The	1 - 10										
UNDERLYING CONDITION Iosi.	(c)dhl	MR F										
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT												
TO THE DEATH BUT NOT RELATED TO THE TERMI												
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?								
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	re City, give exact location)								
■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	home, form, factory, street, o	ffice bldg., INJURY OCCUR?										
Q 21D.TIME (Month) (Doy) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?									
E OF INJURY (APPROX.)	While At At Work		. ^									
22. I certify that (I) (this haspital) attend		5-13/	190 8 ta	19 60.								
that (1) (we) last saw the deceased alive	211-2	19 0 8 and	that In(my) (aur) api	inian death accurred an the date								
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending Med. Director Phys.												
								23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	, 11	
								DAM LEDAUS	DEGREE	deno	u HOSB	, tax
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)	IC. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	ity, town, or county) (Stote)								
BURIAL 5-14-68	BETH TFILOH	Jogo, Ellaveral, Signal	BALTIMORE,	MARYLAND								
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	SOL LEVINSON	1	10 REISTERSTOWN ROAD								
VS 150 PEV 1/1/68	U. C. Markey Pull	DOL FEATINGOIN	a brus., ou	TO REISTERSTOWN RUND								



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. curred in a hospital and This certificate must be approved by the chief medical examiner or his assistant if death

	0 115	BALTIMORE CITY	HEALTH DEPARTMENT		68 5120
	5 72 CERTIFICATE OF DEATH				
BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH					
	Type or Print) GLANZMAN - 1	RAGI		-12-68	9:50 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			re deceosed lived. If in:	stitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?		
	SINAI Hosp. of Balto.		BALTIMORE	7	YES NO X
	42		E. STREET AND NUMBER		1
-	SEX G. RACE 7. MARRIED AND ALL MARRIED			SURMITH 1	If Under 1 Yr. If Under 24 Hrs.
	FEMALE 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED			9. AGE (In years lost birthday) 67	Months Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE AT	HOME	BALTIMORE, Ma		u.s.A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ΜE	
	ABRAHAM HOCHMAN		KATE S	?	
1	S. Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknown) (If yes, give wor ar dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		URS. DORIS RICHA	10ND, 3103 L	ABYRINTH RD. #21208
	18. 4 100	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			8	1-2 HRS
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure ashenia etc. It means the disease. (A) IMMEDIATE CAUSE DUINOUARY Edente: DUE TO, OR AS A COMSEQUENCE OF:				
	hearl failure, asthenia, etc. 11 means the diseast injury or camplication which caused death.)				
	ANTECEDENT CAUSES	IDEAR DIAL	INFARC:	nov 1.2 hrs.	
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS		JOCARDIAC INFARCTION A CONSEQUENCE OF:		
3	rise la lhe above cause (A) slating lhe UNDERLYING CONDITION last.		15CUD		> 5 4 Rs.
		(0)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	20A. AUTOPSY? (Yes ar No	ON CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?	
	U 21A. ACCIDENT WAS UNDERLYING	n or about 21 C. WHERE DID	(If in Baltimar	City, give exoct location)	
1 1	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?				
3	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
	OF INJURY (APPROX.) White At Not While Not Work At Work				
	22. I certify that (I) (this hospital) attended the deceased fram 5-12 19 65 ta 19				
	that (1) (we) last saw the deceased alive on 5-12-65 19 ond that in (my) (our) opinion death occurred on the date				
	and hour and from the couses stated above.	iew the body after deoth.		loop DATE CICALED	
	23A. SIGNATURE				23B, DATE SIGNED
;	Secur	DEGREE Phys		Phys.	
	23C. PHYSICIAN'S NAME (Type) EDITO (GALUET)				
1	24A. BURIAL CREMATION, 24B, DATE 24C.	NAME of CEMETERY OF CRI	SILIAI NOS		ly, tawn, or caunty) (State)
	REMOVAL (Specify)	XKKK			
	BURIAL 5-13-868 RO	DE EXEKEN ZE	DEK BA	ALTIMORE, MA	RYLAND
MAY 15 1968 P. O. A. & Fa.O. M. SOI LEVINSON & BROS.				BROS. 601	O REISTERSTOWN ROAD
IF	/S 150-REV. 1/1/6B	-,,	1		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

Racio Baltimore City Health DEPARTMENT						
BIRTH NO. 68- 5121 CERTIFICATE OF DEATH						
BIRTH NO. 1. NAME OF DECEASED						
(Type or Print)	1000	5-1	n -1. P	730		
3. PLACE IN BALTIMORE MARYLAND, WHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stilution: residence before admission)		
S. FEACE IN BALLIMORS MARIEAND, WHERE FROM	OUNCED DEAD	A. STATE B. COUNT				
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TITUTION, GIVE STREET	Mary land				
INSTITUTION		C. CITY OF TOWN	D. INISI	DE CITYLIMUS?		
42		E STREET AND NUMBER	AI	NO NO		
C - Alacartic D.	10/	E. SIKEET AND NUMBER	1 /			
FINAL HOLDS LANGE 1843	HHUONE	3601 C/AR	KS HAN	<u> </u>		
6. RACE 7. MARRIE	D X NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
MALE WHITE WIDOWE		12/14/01	66			
IOA. USUAL OCCUPATION (Give Kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
	ANCE COMPANY	New York		U.S.A.		
13. FATHER'S NAME	VICE COMMITME	14. MOTHER'S MAIDEN NAM	E	u.o.n.		
ALEXANDER ROSENBERG	16. SOCIAL	FANNIE KIDANS	SKY	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.		SENBERG. IN	PERIAL APTS., APT.		
YES W.W. I ARMY	073-14-4950A	411. 3601 CLA		#21215		
1B. 5 7 / S	CAUSE OF DEAT	4	- 111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY		./. /	1.1			
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE HERAY	c tailur	e 2-mos		
(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the disease	(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF					
injury or camplicalian which caused death.)		Tos vecno re	CIPAGE	3		
ANTECEDENT CAUSES	(p)	ARCHOMA	DAKE WA	8-		
DISEASES OR CONDITIONS, if ony, givin	DUE TO, OR AS	A CONSEQUENCE OF:				
rise to the above cause (A) stating II UNDERLYING CONDITION tast.	he					
	(C)					
5 8/, 0 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G					
TO THE DEATH BUT NOT RELATED TO THE TERMINA						
	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED		
1967 Prayrock te	2		IN CERTIFYING CA	USES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING 2	18. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)		
	ome, form, foctory, street, or	nice bidg., INJURY OCCUR?				
21D.TIME (Month) (Doy) (Year) (Hour) 2	1E. INJURY OCCURRED	21F, HOW DID INJU	PY OCCIIP?			
S OF INJURY	While At T Not While		AT OCCOR.			
(APPROX)	Work At Work			- IP		
22. I certify that (1) (this hospital) attended	the deceased from	4 1	65 to.	5 - 12-19 60,		
that (1) we) ast saw the deceased alive or	5-12	19 68 ond the	t In(my) (aur) opi	nion deoth occurred an the dote		
and have and from the causes stated above.	(1) (1477-177)(1:1					
23A. SIGNATURE	(II) Prelardid P(did not) v	lew the body offer deoff.				
	(I) (Me) (did not) v	new the bady offer deoffi.		23B, DATE SIGNED		
Maria Maria	2 Athe	anding Med. S	Staff D			
Jac Mysicians Mutuce	M. DOEGREE Phy	ending Med.	Shaff Phys.	238, DATE SIGNED 5-12-68		
23C PHYSICIAN'S MAME (Type)	M. DOEGREE Phy	anding Med. S	Shoff Phys.			
CARN KRECTMAN	M.D. DEGREE	miding Med. Director 23D. Appress	Jos mh	5-12-68 el Balt.		
CARN KRECTMAN	M.DOEGREE Phy	miding Med. Director 23D. Appress	Jos mh			
24A. BURIAL CREMATION, 248. DATE 24C.	M DOEGREE Phy M DEGREE NAME OF CEMETERY OF CRI HT711K AMINO LAR	miding Med. Director Director 23D. APDRESS EMATORY 24D. LO	CATION (Ci	5-12-68 al Balt. ty, town, or county) (Stote)		
24A. BURIAL CREMATION, 248. DATE 24C.	M DOEGREE Phy M DEGREE NAME OF CEMETERY OF CRI HT711K AMINO LAR	ematory 24D. LO	CATION (C)	S-12-68 SAM. (y, town, or county) (Stote) ARYLAND ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C. BURIAL Specify 5-14-68 CI	M. D. DEGREE NAME OF CEMETERY OF CRI	ematory 24D. LO	CATION (C)	5-12-68 SALY (Stote) ARYLAND		

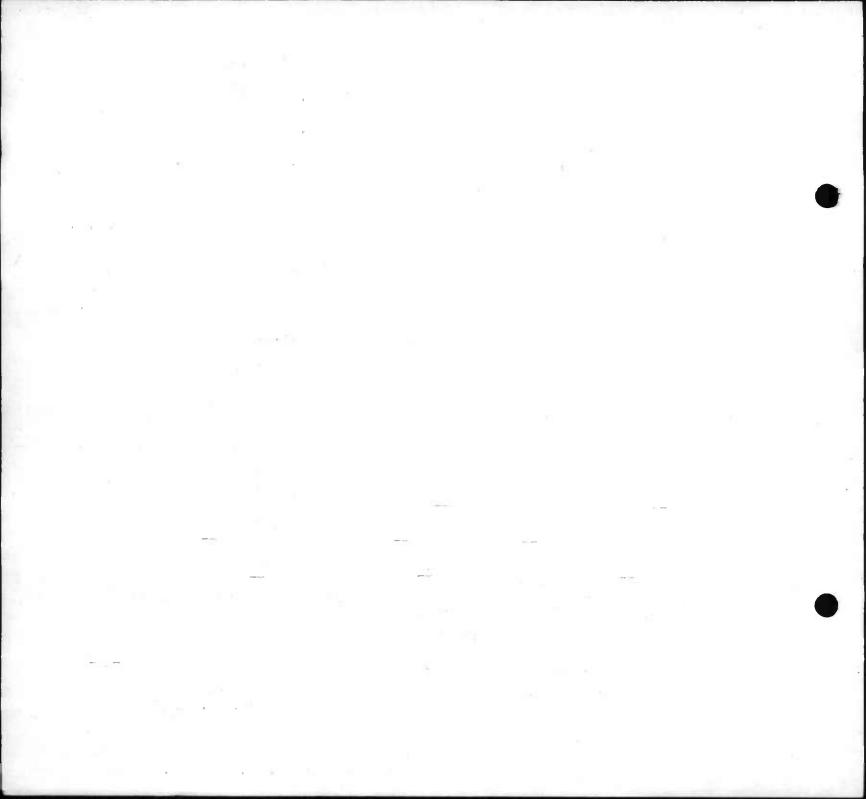
BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. 68- 5122 CERTIFICA	TE OF DEATH REG. NO. 00 5122				
BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH				
(Type or Print) Holt George	5/15/68 11.45 P.M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Lutheran Hospital	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Pennsylvania /- 25				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
730 Ashburton St. # 21216	Pittsburg YES NO NO				
	7151 Kedron St.				
Baltimore Maryland					
MARKIED NEVER MARKIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.				
Male Colored WIDOWED DIVORCED	4-6-06 62				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY dope during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CitizEN OF WHAT COUNTRY:				
LABOROR STEEK	Alabama 1154.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
GEONGE STOUT.	SENSIE Proples				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS A				
110	JONE HOLT 715/ KEDROSSA PITE . Pa.				
18.14 CAUSE OF DEATH	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	se Myor condial hour				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	A CONSEQUENCE OF:				
injury or complication which caused death.)					
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the					
UNDERLYING CONDITION last. (C)					
420./ II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL J DISEASE OR CONDITION GIVEN IN PART + (A).					
DISEASE OR CONDITION GIVEN IN PART + (A).	20.4				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n ar about 21 C. WHERE DID (If In Baltimare City, give exact location)				
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?				
21D. TIME (Month) (Doy) (Year) (Haur 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?				
S OF INJURY					
(APPROX.) Work At Wark					
22. I certify that (I) (this haspital) attended the deceased fram	196/10 15 1968				
that (I) (we) lost saw the deceased alive on	19ond that in(my) (our) opinion death occurred on the date				
and hour and from the couses stated obave. (I) (We) (did) (did nat) v	iew the body after death.				
The state of the s	nding Med. Staff S				
23C. PHYSICIAN'S	23D. ADDRESS				
NAME (Type)					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION (City, town, or county) (State)				
REMOVAL (Specify)	TOLLEDERA JALA.				
25%, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	125C. FUNERAL PURECTOR, ADDRESS				
MAY 18 1968 Of Cet E, tarkey in	Mars have played tog & De monst				
VS 150-REV. 1/1/68	. WANTON F. 4. P.1159UMC 1 1.				



ch	BALTIMORE CITY HEALTH DEPARTMENT 68-5123
205	68- 5123 CERTIFICATE OF DEATH REG. NO.
S + 5	NAME OF DECEASED Type or Print) George Williams 2. Date and Hour of Death 5-13-68
o o t	A. STATE B. COUNTY
de de	C. CITY OR TOWN ADDRESS OR LOCATION) D. VISIDE CITY LIMITS? C. CITY OR TOWN Balto.
ior	1807 N. Pulton Avenue E. STREET AND NUMBER
ei	Baltimore, Maryland 21217 1801 N. Fulton Ave.
	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) 67 Negroid WIDOWED DIVORCED INDUSTRY 11. BRITHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	one during most of working life, even if retired) U.S.A.
1:	Henry Dorsey 14. Mother's Maiden Name Rose Livers
1.5 (Y	S. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO.
	no 220052857 Mary Williams 1606 Vincent Ct. Apt 4
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	rise Ia Ihe abave couse (A) stoling Ihe UNDERLYING CONDITION lost, (C)
1	422.2 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
1.4	
1000	179A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? IYes or No. IN CERTIFYING CAUSES OF DEATH?
0.00	OR CONTRIBUTING CAUSE OF Cotory, street, office bldg., INJURY OCCUR?
-	21D.TIME (Month) [Doy) (Yeer) [Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While At Work
	22. I certify that (I) (I) (I) (II) (III) ottended the deceased from May 10 19 68 to May 13 19 68
	that (1) (## last saw the deceosed clive an May 10 19.68 and that in (my) (our) opinion decth occurred an the dat
	ond hour and fram the causes stated above. (1) (1/2) (4/3) (dfd not) view the body ofter deoth. 23A. SIGNATURE (23B. DATE SIGNED
	Attending Med. Staff 5-14-68
	23C. PHYSICIAN'S NAME (Type) Herman Seidel 23D. ADDRESS 2404 Eutaw Place
	DEGREE Baltimore, Md. 21217
2	REMOVAL (Specify)
2	Burial 568 Mt. Auburn Cemetery Baltimore, Maryland SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REOISTRAR 250 FUNERAL DIRECTOR ADDRESS
L	MAY 16 1968 P.O. 62 Follows Kelson F. H. 1348 N. Calhoun Street

VS 150-REV. 1/1/6B

18 1968 R. O. B. E. Fallyne



rp]	K-450 68- 5124 BALTIMORE CI	TY HEALTH DEPARTMENT 68-5124			
Ф. ПО.	K-450 68- 5124 CERTIFIC	ATE OF DEATH REG. NO.			
on the	1. NAME OF DECEASED KELLUM, EMMA	MA 13 MAY 1968 9:00 P.M.			
-	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
attendance ior to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND Sulfa Co. 33-00 C. CITY OR TOWN D. INSIDE CITY LIMITS?			
to	INSTITUTION BALTIMORE CETY HOSPITALS	BALTIMORE YES NO			
r atte prior le.	4940 EASTÉRN AVENUE BALTIMORE, MARYLAND #21224	E. STREET AND NUMBER			
		1910 QUEEN'S WAY #21222 B. DATE OF BIRTH 19. AGE (In years 11 Under 1 Yr. If Under 24 Hrs.			
regular eased pr	5. SEX 6. RACE 7- MARRIED NEVER MARRIED DIVORCED DIVORCED	10 1 76 lost birthdoy) Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST				
dec	done during most of working life, even if retired)	MARYLAND U.S.A.			
was the posi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
. 01	JOHN	MARY			
<u> </u>	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	RECORDS: BALTIMORE CITY HOSPITATS DRESS			
find	N B 212/05/3009				
opio	18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
attend med o	LEADING TO DEATH (A) IMMEDIATE CAUSE RESPIRATORY ARREST				
0 - 0	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, asthenia, etc. It means the disease,				
3 E	injury or complication which coused dooth.) ANTECEDENT CAUSES APC 11 0 1040				
who reg	DISEASES OR CONDITIONS, if ony, giving (B) THE TABLE OF THE TOTAL OF				
in v	underlying condition last. (c) PRIMARY CARCINOMA (P) BREAST				
. B . E	170 X II				
S & E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING VALVULAR HEART DISPASE & CHT				
0	II ◀ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED			
the ysic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES IN CERTIFYING CAUSES OF DEATH?			
0 0 0	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If in Baltimore City, give exact location)			
S) N ed b	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
xcep and ((APPROX.) While At Work Not W	irk 🔲 💮			
a - 0	13 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1				
al (h); be	that (1) (we) last sow the deceased alive an 13 MAY 19 ond that in (my) (aur) apinion death accurred on the date				
hospital o death) I must be	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 4.2. 4.0				
b o E	MI VALIDA	Attending Med. Stoff Phys. 8 13 May 1968			
1 a	23C. PHYSICIAN NAME (Type)	23D. ADDRESS BALTIMORE CITY HOSPITALS			
d prio	MELVYN S. TOCKMAN, M.D.	4940 EASTERN AVE., BALTO., MD. #21224			
o d ed	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)				
eds	DURIHL S/16/1968 DALISMOR	25C. TUJERAL DIRECTOR			
was D.O.A. at deceased prior written approv	MAY 16 1968 R. C. b & Langue MAY	W. Powle Really, Duduly, Me			

25B. NAME OF REGISTRAR BY HEALTH DEPT. 1 16 1968 REC'D VS 150-REV. 1/1/6B



320	CERTIFICA	TE OF DEATH REG. NO. 68	- 5125	
death cease on the	I NAME OF DECEASED	tsch 2. DATE AND HOUR OF DEATH	545 A,	
a hospite ause of e; (5) De ndance to death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 13. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) 21.31 & OLiver Street	4. USUAL RESIDENCE (Where deceased lived. II institution; residence before admission A, STATE B, COUNTY County D. INSIDE CITY LIMITS? Baltimore YES YES		
uting c ed caus ar atter prior 1	60			
occur ontrib ermin regul eased is ma	S. SEX 6. RACE 7. MARRIED NEVER MARRIE		OF WHAT COUNTR	
if death rect or c (4) Undet was in the dec	Mt. Clare Shop B80 Railroad	Germany U. 14. MOTHER'S MAIDEN NAME Kuniginda Leicht	S.A.	
sistant the dir kind; (death nce on inal dis	John Kaudsch 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service) No.	0	DDRESS St.	
al examiner or his as I examiner. Also, if ; (3) A fracture of any an who pronounced in regular attendans are embalmed or f	in the second se		APPROXIMATE INTERVAL WEEN ONSET AND DEATH	
the chief medical by a medical (2) Body burns; ere the physician was efore the remainst	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in home, form, foctory, street, off per 1 (notify medical examiner)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CIN CERTIFYING CAUSES OF DE or about 21 C. WHERE DID (If in Boltimore City, give a linding, INJURY OCCUR?		
hospito nature; ept who d (6) No	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While Work At Work			
of any of any tal (exc th); an	22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an Agy gand haur and fram the causes stated above. (I) (We) (did not) v	19_68and that in(my) (out) apinion death	13 1968 accurred an the day	
This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deat written approval must	23A. SIGNATURE Attended Jandan Degree Physician's NAME (Type) R Dangld Candan	Anding Med. Staff Director Phys. 5-1.	3-68	
This certifice the body we shows: (1) A was D.O.A. deceased pr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE Burial 5-16-68 Baltimare Gemete 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR.	MATORY 24D. LOCATION (City, town, or Boltimore, Maryland Golon C. Miller Inc-6415 Belain		
### ¥ \$ \$ \$	VS 150-REV. 1/1/68	John (. Miller Inc-6415 Belain	. Kd21206	

examiner

medical medical

chief

approved

contributing

hospital

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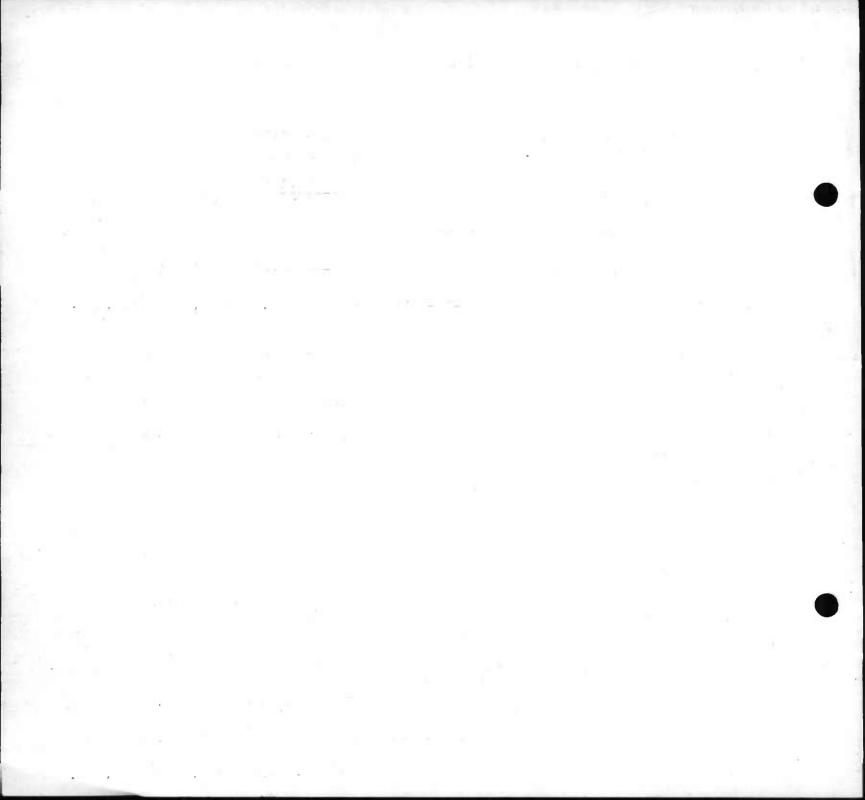
occurred

death

assistant

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ed	cide	hos	Po	E
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows; (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined (ause; (2) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
Ma	An	6	pri	ppr
dy	3	0.	pes	0
Po	WS	S	eds	tte
the	sho	M	dec	Wri

BALTIMORE CITY HEALTH DEPARTMENT 68- 5126 68-5126 REG NO CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED C10-1 (Type or Print) 468 4RION TRUSHEIM 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE mo 139610 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO Hood Convalescent Home atonsville E. STREET AND NUMBER 5313 Edmondson Ave. 2 OUCRDROOK B. DATE OF BIRTH 1898 9. AGE (In years S. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours WIDOWED 1 DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BJATHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ET. W.M. KAILWEY 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Annie Lindsev bwon! ETZIER 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 705-12-2133 Mrs Anne E. Hurley, Damascus, Md. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE hearl foilure, asthenia, etc. It means the disease, ItEMORRIAGE injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the JANAKKEN COMERUNG 13 Chamin UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) CERTIFIC 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI 21 D. TIME (Hour) (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While F (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 65 and that in (my) (est) apinian death occurred an the date that (1) (we) last saw the deceased alive an. and hour and fram the causes stoted above. (1) (We) (did) (did not) view the body after death. 23 B. DATE SIGNED 23A, SIGNATURE Attending Med. Director L Phys. 23C. PHYSICIAN'S 23D, ADDRESS NAME (Type) OEGREE 24B, DATE 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION. REMOVAL (Specify) 5/15/68 Loudon Park Baltimore, Maryland Burial 258. NAME OF REGISTRAR 256 FUNERAL DIRECTOR 2SA. DATE REC'D BY HEALTH_DEPT. Olin L. Molesworth, Damascus, Md VS 150-REV. 1/1/6B



RACHEL

25

	pre 1 (0)101	BALTIMORE CITY HEALTH DEPARTMEN
68-	5121	CERTIFICATE OF DEATH

-	68 RTH MO.	- 5127 CERTIFICA	TE OF DEATH REG. NO.	68-5127			
	NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
(T)	pe or Print)	A. GLASS	5-11-68	7:30 P.			
3.	PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissi				
H	JLL NAME OF (IF NOT IN HOSPIT) OSPITAL OR ADDRESS OR LOCA STITUTION	AL OR INSTITUTION, GIVE STREET TION)		NSIDE CITY LIMITS?			
3	THE JOHNS HOPKIN	S HOSPITAL	E. STREET AND NUMBER	YES XXX			
1	J		627 N. ROBINSON ST.				
2.	FEMALE WHITE	7. MARRIED NEVER MARRIED XX WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 68	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10.		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
do	ne during most of working life, even if retired)						
	Seamstress	unknown	Hagerstown, Md.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	JOHN A. GLASS		MARY E. EMERSON				
1 S.	Was Deceased Ever in U. S. Armed Fores, no or unknown) (III yes, give wor or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 622 N. Robins	son St. ADDRESS			
		212-01-9970	Mrs. Irene Hood, sis				
-	18	CAUSE OF DEATH		APPROXIMATE INTERVAL			
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) IMMEDIATE CAUSE Corebral Embalus DUE TO, OR AS A CONSEQUENCE OF: (B) Mefaulatin Addens Ca						
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)						
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS COL TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERF	HE TERMINAL T I (A). DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?			
CAL CER	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or about 21C. WHERE DID (If In Bolti fice bldg., INJURY OCCUR?	more City, give exoct locotion)			
MEDIC	21D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?				
	22. I certify that (I) this haspital attended the deceased fram 4-27 19 ta 5-1/ 19 68 that (I) (we) last saw the deceased alive an 5-1/- 1968 and that in (my) (aur) opinion death accurred an the date and haur and fram the causes stated above (I) (We) (did) (did not) view the bady after death.						
		ed abave (We) (did) (did nat) v	iew the bady after death.				
	23A. SIGNATURE	in M. Degree Phys	nding Med. Staff birector Phys.	23B. DATE SIGNED 5-1/-68			
	PHYSICIANS NAME (Type) ROY S.	Weiner, M.D. DEGREE	Johns Hopkins	Hosp. Bulto. Md			
24	A. BURIAL CREMATION. 24. DATE REMOVAL (Specify) Burial 5/15/6		MATORY 245. LOCATION rial Park Baltimore	(City, town, or county) (State) Md.			

VS 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

5/15/68

Moteland Memorial Park Baltimore, Md.

258. NAME OF REGISTRAR

25C. EUNERAL DIRECTOR Schimunek Funeral Home, Inc.

3331 Brehms Lane

The state of the s No

		BALTIMORE CITY	HEALTH DEPARTMENT	. /			
	68-	- 5128 CERTIFICA	TE OF DEATH	REG. NO	68- 5	1198	
BIRTH NO.		0100		D HOUR OF DEATI	4	/ J_F9/ ()	
(Type or Print) K	IMA, MRS	MADELINE M	5-13	- 68	5-	10 PM	
3. PLACE IN BALTI	MORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where		institution: residence	before odmission!	
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	mo	Bal	to Co	3-00	
HOSPITAL OR	DSPITAL OR ADDRESS OR LOCATION) STITUTION				SIDE CITY LIMITS?		
KILLIAPH	HURCH HOME AND HOSPITAL		BALTIMORE			10 🗌	
CHURCH	FIGURE MIS		BOX 678 Rt. 15	SENECA	21220 2D 2000	_	
SEX 6	RACE 7	· MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	If Under 24 Hrs.	
F	m	WIDOWED DIVORCED	PE 10.6.92	7.5		10013	
		OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF V	VHAT COUNTRY	
LION EMA	rking life, even if retired)	at home	mp, Balti	more	USA		
3. FATHER'S NAM			14. MOTHER'S MAIDEN NAM				
	Charles Mir	nnick	Elizab	eth Dumm	ler		
S. Was Deceased E	ver in U. S. Armed Force If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S	
		212-36-5725	MRS KLIMA (PAVALITE R	RINLAN)		
18. 4-136	0 1	CAUSE OF DEAT	Н		APPROX	IMATE INTERVAL	
heort foilure, o injury or comp At DISEASES OR rise to the	I mean the mode of a sithenio, etc. It means It licotion which coused d NTECEDENT CAUSES CONDITIONS, if an above couse (A) a CONDITION last.	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:				
332X	CTHES CLONIFICATION CONTINUES CONTRIBUTION						
TO THE DEATH	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
		ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERI	E FINDINGS CONSID AUSES OF DEATH?	ERED	
	WAS UNDERLYING ANG CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)	n or about 21 C. WHERE DID	(If In Boltim	are City, give exact lo	cation)	
-	Month) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED While At Not Whill Work At Work	21F. HOW DID INJU	URY OCCUR?			
22. I cartify t	hat (1) (this hasnital)	attended the deceased from		9to		19	
					ninion death ac-		
	ond hour and from the couses stated above. (I) (We) (did) (did nat) view the body after death.						
23A. SIGNATUR		d obove. (I) (we) (did) (did nat) v	new the body after deoth.		23B, DATE SIGNE	D	
7	1	17 OLLAND	nding Med.	Staff TX	21. 1		
fran	ecoco 15	alleyan BOREE Phy	s. Director	Phys.	may !	3,186	
PHYSICIAN NAME (Typ		14.7A7.4R .110	23D. ADDRESS Church	Horme	x Thos	P	
	ATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City, town, or county)	(Stote)	
Burial Sp	5/16/68	Baltimore Ceme	etery Ba	ltimore,	Md.		

Schimunek Funeral Home, Inc. 3331 Brehms Lane

ADDRESS

258 NAME OF REGISTRAK

2SA. DATE REC'D BY HEALTH DEPT.
MAY 1 6 19

V\$ 150-REV. 1/1/6B

6 1968

continued the second

	00	BALTIMORE CITY	HEALTH DEPARTMENT	68- 5129				
	BIRTH NO. 68- 5129 CERTIFICATE OF DEATH REG. NO. 68- 5129							
	1. NAME OF DECEASED (Type or Pgint)	1	2. DATE AND HOUR OF DEATH					
	Murray, Der	nadine or Berna	ardine B. 3/13/68	11:33 PM.				
	3. PLACE IN BALTIMORE MARYLAND, WHERE	PRONOUNCED DEAD	A. STATE B. COUNTY	stitution: residence before admission)				
	FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN D. INSI	DE CITY LIMITS				
	Bon Secours Ho	ospital	Baltimore	YES NO NO				
	34		E. STREET AND NUMBER 4426 Marble Hall	Řd.				
		ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years tost birthdoy)	Months Doys Hours Min.				
		DOWED DIVORCED DIVORCED	12/20/96 1001 9/	12. CITIZEN OF WHAT COUNTRY?				
	10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if refired) Operator	C & P Telephone	Co Waryland	U.S.A.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	John C. Murray		Mc Dermott					
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 8219 Evergreen					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JECONIII IIO,	Dorothy E. Honacki, ne:	ice,				
	18.4124	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECT	LY	CARNING IRRET	- 1				
	USEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE CAR DIA CARROLLE OF: DUE TO, OR AS A CONSEQUENCE OF:							
	heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)							
	DISEASES OR CONDITIONS, if any, giving (B) ARTERIO SCLEROTIC CARDIO CASCULAR DUE TO, OR AS A CONSEQUENCE OF: DISEASE							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the							
	UNDERLYING CONDITION last, (C)							
1	7 4 3 3, 0 II							
	OTHER SIGNIFICANT CONDITIONS CONTRIE	RMINAL		A ay a a a a a a a a a a a a a a a a a a				
	◆ DISEASE OR CONDITION GIVEN IN PART 1 A	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM			USES OF DEATH?				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, olf etc.)	n or about 21 C. WHERE DID (If in Boltimor bldg., INJURY OCCUR?	e City, give exoct locotion)				
	21 D. TIME (Month) (Doy) (Year) (Ho	our) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	OF INJURY (APPROX.)	While At Not While At Work						
	22. I certify that (I) (this hospital) attended the deceased from May 8 19 to way 13 19 60,							
	that (1) (we) lost saw the deceased alive an way 3 19 68 and that in(my) (our) opinion deoth occurred on the dote							
	and hour and fram the causes stoted obove. (1) (We) (did) (did/nat) view the body after deoth.							
	23A. SIGNATURE	00 10 10	nding Med. Staff	23B, DATE SIGNED				
	taking u	GEGREE Phys	Director Phys.	muly 13,196				
	23C. PHYSICIAM'S NAME (Type)	RIN MD	BOU SECOURS HOSP.	BALTO ME.				
•	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (C	ty, lown, or county) (Stote)				
	Burial 5/16/68	New Cathedral	Cemetery Baltimore,	Md.				
	25A. DATE REC'D WASAUTH DEN 1968 234. NAME OF PEGISTRAR DENNE 25C. EUNERAL DIRECTOR TUNERAL HOME, Incores							

25. EUNERAL DIRECTOR UN ET Al 1 3331 Brehms Lane

V\$ 150-REV. 1/1/68



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CO 5400 BALTIMORE CIT	Y HEALTH DEPARTMENT				
68 5130 CERTIFICA	TE OF DEATH REG. NO.	68-5120			
BIRTH NO.		00 03.00			
1. NAME OF DECEASED (Type of Print)	2. DATE AND HOUR OF DEATH				
WILLARD G. KHODES	5/13/68	5:30 AM.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	HAMIND BALT	00 33-00			
HOSPITAL OR ADDRESS OR LOCATION)		IDE CITY LIMITS?			
	BAHIMOR	YES NO 4			
UNIVERSITY of MANY LAND HOSPITAL	E. STREET AND NUMBER				
38	1 RIDGEMON Rd 21221				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	t(Under 1 Yr., I(Under 24 Hrs.			
M CAUC. WIDOWED DIVORCED	6 (30/22 lost birthdoy)	Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		12, CITIZEN OF WHAT COUNTRY?			
done during most of working lile, even if retired)	411 413	1154			
Telephone Instellation	W. Umphinia	USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
OWEN A. Rhopes	Virginia Thay Ex				
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS			
(Yes, na ar unknawn) (If yes, give war or dates of service) SECURITY NO.	C Hart				
YES WW II					
18. 6 2 CAUSE OF DEAT	гн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	USE CEAFBOOL METASTATIC CON A CONSEQUENCE OF:	CINOMA			
(This does not meon the mode of dying, e.g., DUETO, OR AS heart foilure, osthenio, etc. 11 meons the disease,	A CONSEQUENCE OF:				
injury or complication which caused death.)		140			
ANTECEDENT CAUSES	Coaringua				
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	OCCUPANCE OF:				
rise to the above cause (A) stating the	V				
UNDERLYING CONDITION lost. (C)					
- 162.1 II		11 (47)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED LINE	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
114/68 Ca C LING					
OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID (If in Boltimor office bldg., INJURY OCCUR?	re City, give exact tocation)			
DEATH (notify medical examiner)					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
₹ (A PRECY) While At \ Not Whi					
(APPROX.) Work At Work		-1-			
22. I certify that (1) (this haspita) attended the deceased fram	5/11 19 68 to 4	5//3 19 68			
that (1) (we) last saw the deceased alive on	19 68 and that in(my) (aur) api	nian death occurred on the date			
and haur and from the causes stated above. (1) (We) (did) (dld nat)					
23A, SIGNATURE	201000000000000000000000000000000000000	23B, DATE SIGNED			
The office of the AH	rending Med. Staff Staff Phys.	-11-1151			
Sloy D. Maule M.D. DEGREE Ph	ys. Director Phys.	3/13/64			
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	11.78			
	NHIVERISTY HOSP REMATORY 24D. LOCATION (C				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (C	ity, town, or county) (State)			
REMOVAL (Specify)	DAF 1 TO BALTA A	1.0			
25A DATE REC'D BY HEALTH DEPT. 125R NAME OF REGISTRAD	25C. FUNERAL DIRECTOR J.G., CONNELLY SOM	1 D, ADDRESS			
MAN I A 1000 A B A T. A	The Country is a series	700 4400			
MAY 18 1900 (12) . 5 & Jane 12	J.O, CUNNELLY SOM	S 300 MACI			



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

		CO 54 04 BALTIMORE CITY HE	EALTH DEPARTMENT		CO 54 04
	7010	68- 5131 CERTIFICATI	E OF DEATH	REG. NO	68 5131
	1. N	NAME OF DECEASED ype or Print) Charles Marine	2. DATE AND	HOUR OF DEATH	68 11:20 P.M.
	3. P		USUAL RESIDENCE (Where d	eceased lived. It insti	tution: residence before admission)
	HO:	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	My Ba	It impr	E CO. 33-00
4	4	4 Union Memorial Hosp.	White Ha	114	ES NO
			POBOX	145 -1	eters Huc.
	5. SI	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. WIDOWED DIVORCED		AGE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
		Laborer Nurseryman	11911	714	, U.J.H.
-	13. F	Estim Mullins h	Buth Hol	1 i field	
	15. V (Yes,	(es, no or ynknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	INFORMANT MC Mildre	Stwai	// White Halling
		18. CAUSE OF DEATH	V. O DIVION	0, 0,9.	APPROXIMAL INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY	/ ILE		
		(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A C	ONSFORENCE OF:		
		heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	1		40 14 (4)
		ANTECEDENT CAUSES	ne ovne	VIIA	
		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	CONSEQUENCE OF	1746	lama
		203X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
	⋖	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FII	NDINGS CONSIDERED
	ERTIFIC	WAS PERFORMED		N CERTIFYING CAUS	SES OF DEATH?
	C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in of	r obout 21C. WHERE DID bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
	-	OF INJURY	21F. HOW DID INJUR	Y OCCUR?	,
	×	(APPROX.) While At Work At Work		60 1	-/12 10
		22. 1 certify that (I) (this hospital) attended the deceased from	19	00 10	19 68,
		that (I)/(we) last saw the deceased alive an.		(n(mx)) (our) opinj	an deoth occurred on the date
		and haur and from the douses stated above. (1) (We) (did) (did not) view	w the Bady atter death.	1	238, DATE SIGNED
		23C. PHYSICIANS 23C. PHYSICIANS 23C	ng Med. Sto Director Phy	iH vs.	5/13/68
		NAME (Type)	THE JUNDON MEM	DREVERANS!	Perta Hospital
	24A	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMA		2 / /	town, or county) (Stote)
	25A	Burial 5-17-68 /Yulling 181	MELONY STREET OR	pund,	DISC CO. VY.
		MAY 1 6 1968 Rebert E. tarkey	James / Ha	lenstein,	Hew Freedom Va.
1.7	VS 1	S 150-REV. 1/1/68	()		

21 F 31 M 181 2 11 11 AS

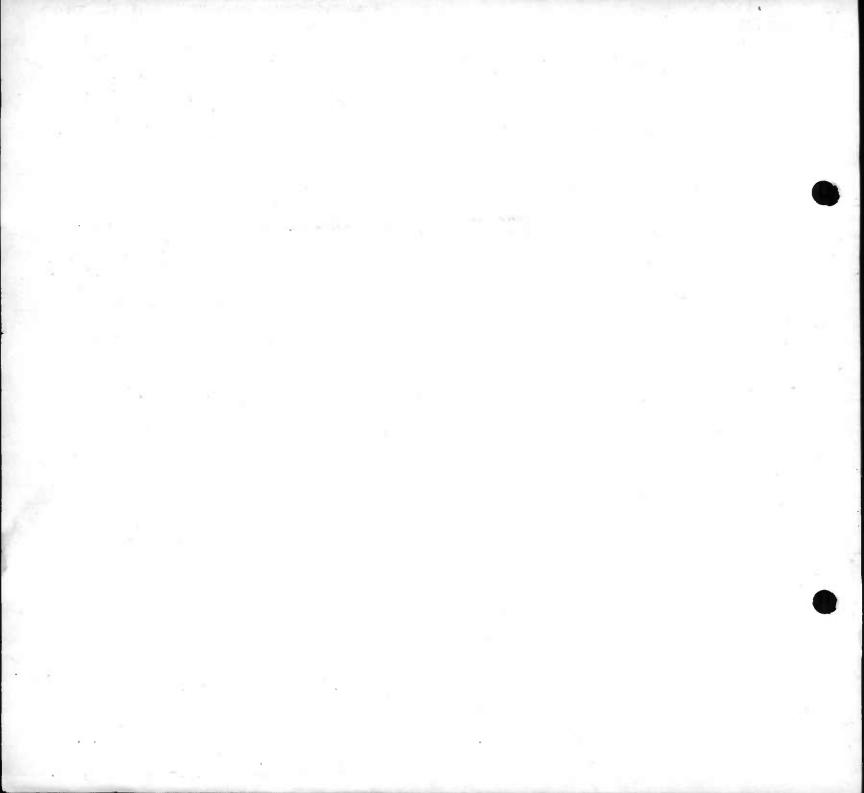
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	5132 CERTIFICA	TE OF DEATH	REG. NO.	3-5132
1. NAME OF DECEASED	GRACE Alveri	2. DATE AN	14/68	18 6 P.M
3. PLACE IN BALTIMORE, MARYLAND, WH FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATI INSTITUTION R. 14011.	OR INSTITUTION, GIVE STREET ON)	A. STATE B. COUN M. D. C. CITY OR TOWN MARKEY DARA E. STREET AND NUMBER	D. INSIDE CITYES	50-00
70 "	MARRIED NEVER MARRIED	B. DATE OF BIRTH	PANNES RD,	nder 1 Yr. If Under 24 Hrs.
10A, USUAL OCCUPATION (Give kind of work 1)	WIDOWED DIVORCED DIVO	3/23/68	59	hs Doys Hours Min.
done during most of working life, even if retired)		mo. (Baltimore)	U.SA.
13. FATHER'S NAME JOHN 140	HLBEIN	14. MOTHER'S MAIDEN NAM		
15, Was Deceosed Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes	? 1 6. SOCIAL	17. INFORMANT	aser 14a	ADDRESS 21061 LEEN ANNEROL
DISEASES OR CONDITIONS, if an rise to the obove couse (A) s UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS CONTION TO THE DEATH BUT NOT RELATED TO THE DEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 198. CONDITIONS	RIBUTING TERMINAL (A). DUE TO, OR AS (C)	notice month.	infantion	GS CONSIDERED
WAS PERFO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)		(If in Boltimore City,	
0	(Hour) 21E, INJURY OCCURRED While At Not White At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this haspital) attended the deceased from 4/22 19 b to 5/14 19 that (I) (we) last saw the deceased olive an 19 b and that in (my) (our) apinian death accurred on the date and haur and from the causes stated abave. (I) (We) (did (did not) view the bady after death.				
23A. SIGNATURE	1	ending Med.	Staff 23B. C	S/14/6/
23C. PHYSICIAN'S NAME (Type) WILLIAM	BLOOM	v. 2	wo post	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 3171 25A. DATE REC'D BY HEALTH DEPT. 2	24C. NAME OF CEMETERY OF CR	HID I JA	tchie Huy.	ADDRESS (Stole)
MAY 1 6 1968	R. O. B. E. Farbour	Me Cally F	·H. 23/1	atapseofo

The state of the s L-13 73

BIRTH NO.	BALTIMORE CITY		\ /	hX= 5122
BIRTH NO	5133 CERTIFICA	TE OF DEATH	REG NO	68- 5133
	CERTIFIC !			
(Type or Print) Luon 16 Bene	enict		HOUR OF DEATH	1125 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where	deceased lived. If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	M. STATE B. COUNT	4.9.	SIDE CITY LIMITS?
UNIVERSITY OF MARY	LAND HOSPT.	CROWNSVILLE	J. 114.	YES NO NO
38		E. STREET AND NUMBER Box 161		
S. SEX 6. RACE 7. AAAR	RRIED NEVER MARRIED		. AGE (In years	If Under 1 Yr If Under 24 H
ha a s a l s s s s s s s s s s s s s s s	OWED DIVORCED		ost birthday	If Under 1 Yr. If Under 24 H Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNT
	ONASULLE STATE	AUSTRIA		USA
PHYSICIAN CRO	NOAG DIECE G	14. MOTHER'S MAIDEN NAM	I.E	2
CARL BENEDICT		MARGAR	eT.	,
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT 8 Hulda Benee H		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	220-36-69B	Will Rem	1.4. 54	16.00
18 / / 0	CAUSE OF DEAT	H	1.4 - 1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE
LEADING TO DEATH	CARI	DIOGENIC SH	UCK	
(This does not mean the made of dying,	e.g., CHETO OR AS	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis	sease,	a constant of .		
injury or complication which caused death.)		-	T	
ANTECEDENT CAUSES	(B) A cul	A CONSEQUENCE OF	INFARC	-710N
DISEASES OR CONDITIONS, if any,	at a		•	
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c) A.5	CVO		
	()			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM	INAL			
▼ DISEASE OR CONDITION GIVEN IN PART I (A).		20A. AUTOPSY (Yes or No)	20B. IF YES WERE	
	WAS PERFORMED			EINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION	D CONTROL OF CARTION	20A. AU IOPSI (Tes or No)	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION WAS PERFORMED	D		IN CERTIFYING C.	AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	in or obout 21 C. WHERE DID	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH? pre City, give exact lacation)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltime	AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED	in or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltime	AUSES OF DEATH?
198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Hour	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21C. WHERE DID MIJURY OCCUR?	(If in Baltime	AUSES OF DEATH?
198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Year) (Houring Approx.)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While Work	21F. HOW DID INJU	IN CERTIFYING C. (If in Baltime	auses Of Death? ore City, give exact lacation)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hourd (APPROX.)) 22. I certify that (I) (this hospital) otten	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work Added the deceased from	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	(If in Baltime	auses Of Death? ore City, give exact lacation)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hours (APPROX.)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While At Work Added the deceased from	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	(If in Baltime	auses Of Death? ore City, give exact lacation)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hourd (APPROX.)) 22. I certify that (I) (this hospital) otten	218. PLACE OF INJURY (e.g., index, form, foctory, street, or etc.) 21E. INJURY OCCURRED While At Not While At Work Anded the deceased from	21F. HOW DID INJU	(If in Baltime	auses Of Death? Dre City, give exact lacation)
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hours (APPROX.) 22.	218. PLACE OF INJURY (e.g., index, form, foctory, street, or etc.) 21E. INJURY OCCURRED While At Not While At Work Anded the deceased from	21F. HOW DID INJU	(If in Baltime	auses Of Death? ore City, give exact lacation) 5
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hours (APPROX.)) 22. I certify that (I) (this hospital) otten that (I) (we) lost sow the deceased alive and haur and fram the causes stated obe	218. PLACE OF INJURY (e.g., index form, foctory, street, or etc.) 21E. INJURY OCCURRED While At Not While At Work anded the deceased from 15 - /3 ave. (I) (We) (did) (did not) was a simple of the deceased form 15 - /3	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 3 - /3 - 6 - 19 21F. HOW DID INJU	IN CERTIFYING C. (If in Baltime IRY OCCUR? 9 66 to 51 It in (my) (our) ap	auses Of Death? ore City, give exact location) 5 - 4 - 19 - 6 prinion death occurred on the d
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased alive and haur and fram the causes stated about 23A, SIGNATURE	218. PLACE OF INJURY (e.g., index, form, foctory, street, or etc.) 21E. INJURY OCCURRED While At Not While At Work Anded the deceased from	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 3 - /3 - 6 - 19 3 - modern death. 21F. HOW DID INJU 3 - /3 - 6 - 19 3 - 6 - 19 4 - 19 5 - 19 6 - 19 6 - 19 7 - 19 7 - 19 8 - 19 8 - 19 9 -	(If in Baltime	auses Of Death? ore City, give exact location) 5 - / \$ 19 6
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this hospital) otten that (I) (we) lost sow the deceased alive and haur and fram the causes stated observed.	218. PLACE OF INJURY (e.g., index, form, foctory, street, or etc.) 21E. INJURY OCCURRED While At Not While At Work Anded the deceased from	21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 3 - /3 - 6 - 19 3 - /3 - 6 - 19 3 - /3 - 6 - 19 4 - 19 4 - Med. 5 - Med. Director 23D. ADDRESS	IN CERTIFYING C. (If in Baltime IRY OCCUR? 9 66 to 51 It in (my) (our) ap	auses Of Death? ore City, give exact location) 5 - 3 19 6 ornion death occurred on the d
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	68- 5	134 BALTIMORE CITY	HEALTH DEPARTMENT		68 5124	
	NO.	CERTIFICA	TE OF DEATH	Registered Na	00- 0134	
1. NA	AME OF DECEASED OF PRINT ACE OF DEATH IN BALTIMORE, MARLAND	t Jehn H	14. USUAL RESIDENCE (Who	May of DEATH	7 15 pm M stilution: residence before admission)	
H	JLL NAME OF (If not in hospitol or institut) OSPITAL OR oddress or location) ISTITUTION	ion, give street	A. STATE B. COUN MANY AND C. CITY OR TOWN (If ou	Balt	RURAL and give township)	
90	Fayette Convalesce	ntHome	D. STREET ADDRESS (IF	rurol, give location)	10	
S, SE	male whate wido	HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH Spulg & S	9. AGE (In yeors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,	
done	during most of working life even if retired) Elected for ATHERS NAME	tuy tal Can.	MANY A W. 6	ME	WHAT COUNTRY?	
15. W	JoSeph Bavmg	1 6. SOCIAL	anna Doll	inger	ADDRESS	
(Yes,	no or unknown (If yes, give wor or dotes of servi	216 676192	Mrs A. R. Barm	gart 1167,	Roscolal & Hve	
1	DISEASE OR CONDITION DIRECTLY	CAUSE O		P	INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A)	Broudiopuum	oug	24hs	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused deoth.) ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating UNDERLYING CONDITION tast.					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		à) Ostreathailes	ì		
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	218. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimore	City, give exoct locotion)	
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJ	TURY OCCUR?	11 1	
	22. I certify that (1) (this hospital) attended the deceased from 9 1166 to 19 66 to					
2	1 Halla		ending Med. S. Director	Stoff Phys.	14 May 68	
	23 C. PHYSICIAN'S NAME (Type) J HU 11	A.D.	23D. ADDRESS 22116	tay elle St	Balthed 21731	
1	Surial 5-17-68 S	C. NAME OF CEMETERY OF CR	emedany 1:	3 Reals have	(Stole)	
23A.		6 E. Parleyra	Ty Ip E. C	Truch 12	11 Chesias Hue	
VS 1	50-REV. 1/1/6S					



IMPORTANT **DIRECTOR:** FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO pup of death Such BIRTH NO. etermined cause; (5) Decease I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital eath. 4. USUAL RESIDENCE (Where disceased lived. If institution: residence before admission)
A. STATE / 8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF Ö HOSPITAL OR OR TOWN INSIDE CITY LIMITS? 0 YES -NO PHERA prior STREET AND NUMBER made regular 5. SEX 6. RACE OF BIRTH 9, AGE (In If Under T Yr. If Under 24 Hrs. Hours Min. MARRIED NEVER MARRIED deceased ost birthday Months Doys WIDOWED DIVORCED tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? CE (State at foreign country isposition Ξ done during most of working life, even if retired) Home Und 0 WAR S ID 13. FATHER'S NAME the 4 3 eath 0 T kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or upknown) (If yes, give war or dates of service) ADDRESS 6. SOCIAL SECURITY NO. attendance 125 00 any CAUSE OF DEATH pronounced 0 - 31 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY gular atter embalmed of IMMEDIATE CAUSE LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. It meens the disease, injury or complication which caused death.) ANTECEDENT CAUSES who (B)______ DUE TO, OR AS A CONSEQUENCE OF 10 are 4 DISEASES OR CONDITIONS, if any, giving 3 to The obove cause (A) stoting the וסח UNDERLYING CONDITION last. remains MOS burns; physic 214,3 П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF NONE before 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 ere (If in Baltimare City, give exoct lacation) OR CONTRIBUTING CAUSE OF hospital °N DEATH (notify medical examiner) nature; 3 21 D. TIME OF INJURY obtained (Yeor) (Hour) (Month) (Doy) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) Work At Work and to the any 22. I certify that (1) (this haspital) attended the deceased fram and that in (my) (aur))opinian death accurred an the date last saw the deceased alive an pe af death) hospital and haur and fram the causes stated above. (1) (WE) (did) (did nat) view the bady after death. the bady was released must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Staff 9 approval O 23C. PHYSICIAN'S 23D. ADDRESS prior to ORI 4 24A. BURIAL CREMATION, 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) eceased 0.0 REMOVAL (Specify) 5-14-68 Hollywood Cemetery shows: Harrington, Delaware 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR SD ADDRESS Wm.E.Johnson, 8521 Loch Raven Blvd. 2 3 70 VS 150-REV. 1/1/68

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30 T = 110. the chief medical examiner

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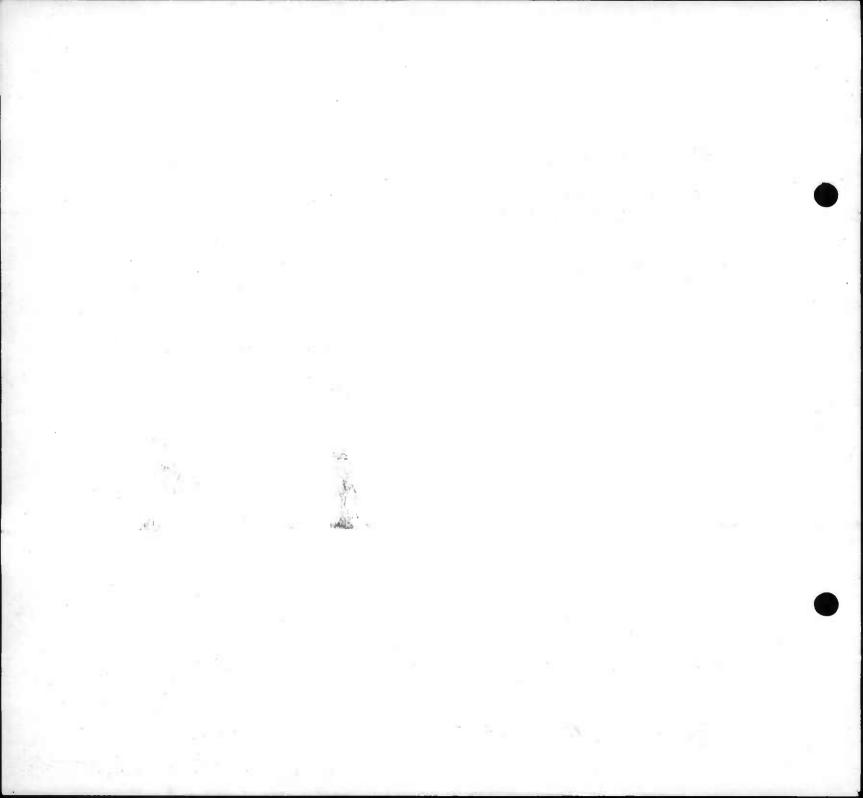
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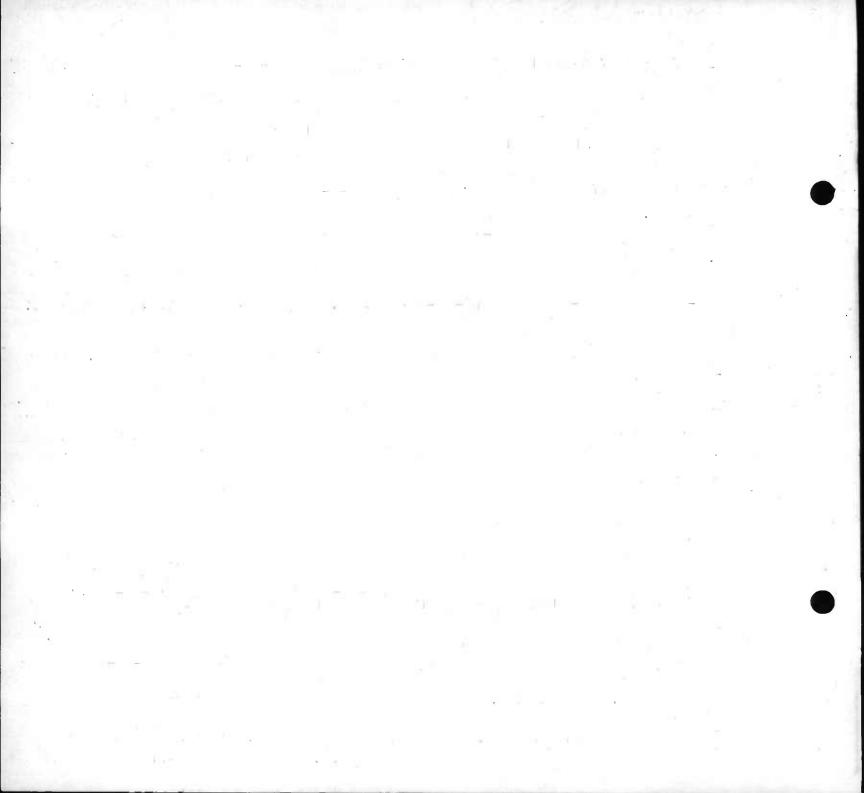
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. RTIFICATE OF DEATH Such on the BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN D. INSIDE CITY LIMITS 0 HIMOr prior E. STREET AND NUMBER souther made. regular 9. AGE (In years S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. deceased lost birthday male WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) MARYLAN SD the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 3 100 eath LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Ö APPROXIMATE INTERVAL CAUSE OF DEATH pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart foilure, osthenio, etc. It means the disease, ular injury or complication which caused death.) ANTECEDENT CAUSES who 5 0 re are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the 8 UNDERLYING CONDITION lost. remains SD physici 3 ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). the 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) MEDI 21F. HOW DID INJURY OCCUR? obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 9 Not While OF INJURY (except While At r (APPROX.) At Work Work pup .19 22. I certify that (1) (this hospital) ottended the deceased fram.....19 pe that (1) (we) lost sow the deceased alive on.... ond that in(my) (our) opinion death accurred on the date hospital eath) and haur and from the causes stated abaye; (1) (We) (did) (did not) view the body after death. must 23B. DATE SIGNED 23A. SIGNATURE 0 5-14-68 Attending Med. 10 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) 4 24A. BURIAL CREMATION, 24D. LOCATION (City, town, or county) eceased D.O. REMOVAL (Specify)

250. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/6B

ADDRESS



	4 4	68	3- 31	S CERTIFICA	TE OF DEATH	REG. NO	68- 5137
JI N	TH NO.	ASED		CLKTIITCA	TE OF DEATH 2. DATE A	AND HOUR OF DEAT	1
Эур	e or Print)	MARY MALECK	I (Ma	ry A. Malec	ki) 5-	14-68	7:05
18. F	LACE IN BALTI	MORE, MARYLAND, W			4. USUAL RESIDENCE (WI A. STATE B. COL		institution: residence before admis
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	CITY OF	BALTIMORE
HO	SPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
= _					BALTIMORE		YES NO
Į,	HE JOHN	S HOPKINS H	OSPITAL		E. STREET AND NUMBER	411 7011 41171	
7700))				+	MILTON AVEN	
5. S	EMALE	WHITE		NEVER MARRIED	9-1-06	9. AGE (In years lost birthdoy)	Months Doys Hours M
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is .	Housev				Maryland		U.S.A.
73. 1	FATHER'S NAM				14. MOTHER'S MAIDEN N	AME	
•		Louis Fer	renc		Anna	a Kocol	
15. V	Was Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
5	-	, 33, gr. 5 Hor or dote	2	15-05-4680	Mrs.Marie Le	awand awal-t)112 Floring Of
	1B.) 1 /	<u> </u>		CAUSE OF DEAT	H P MAILE DE	ewandowski	APPROXIMATE INTERV
5	DISEASE	OR CONDITION DI	RECTLY		2	. (6	BETWEEN ONSET AND
5		EADING TO DEATH		(A) IMMEDIATE CAL	USE Oneas	1 Cance	on K.
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ON	OTHER SIGNIFIC	CANT CONDITIONS CO					
ATIO	DISEASE OR CO	NDITION GIVEN IN PAR	IT 1 (A).		1004		
ERTIFIC	19A. DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
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	OR CONTRIBUT	T WAS UNDERLYING	hor	me, form, foctory, street, o	ffice bldg., INJURY OCCUR?	III III BOIIIII	ore City, give exoct locotion)
1	DEATH 1	11. 1	ate				
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MEDICA	21D. TIME OF INJURY (APPROX.) 22. certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	medical examiner) (Month) (Doy) (Year) hat (I) (this haspital of the course store) Tom the course store)	(Hour) 21E WI WW WC D BEFO Ed alive on	E. INJURY OCCURRED hile At Not Whith At Work the deceased fram RE ARRIVAL A 1) (We) (did) (did not)	5-14-68 T HPSPITAL and view the body ofter deathers. Med. Director Director D	tatathat in (my) (aur) o	23B. DATE SIGNED
MEDICA	21D. TIME OF INJURY (APPROX.) 22. certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) Edward	medical examiner) (Month) (Doy) (Year) that (I) (this hospito had become the decease from the couses store) For Lewison,	(Hour) 21E WILL WILL WILL WILL WILL WILL WILL WIL	E. INJURY OCCURRED hile At Not Whith At Work the deceased fram RE ARRIVAL A I) (We) (did) (did not) DEGREE	5-14-68 T HRSFITAL and view the body ofter death s. Med. Director 23D. ADDRESS JOHNS HOPKIN	_19ta that in(my) (aur) o the Shaff XX Phys.XX	238. DATE SIGNED 5-14-68
MEDICA	21D. TIME OF INJURY (APPROX.) 22. certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty)	medical examiner) (Month) (Doy) (Year) that (I) (this hospito had become the decease from the couses store) For Lewison,	(Hour) 21E WILL WILL WILL WILL WILL WILL WILL WIL	E. INJURY OCCURRED hile At Not Whith At Work the deceased from RE ARRIVAL A I) (We) (did) (did not)	5-14-68 T HRSFITAL and view the body ofter death s. Med. Director 23D. ADDRESS JOHNS HOPKIN	_19ta that in(my) (aur) o the Shaff XX Phys.XX	23B. DATE SIGNED
MEDICA	21D. TIME OF INJURY (APPROX.) 22 Certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) Edward BURIAL CREM REMOVAL (Sp Burial	medical examiner) (Month) (Doy) (Year) that (I) (this hospito had become the decease from the couses store) For Lewison,	(Hour) 21E WIN	E. INJURY OCCURRED hile At Not Whith At Work the deceased from RE ARRIVAL A 1) (We) (did) (did not) DEGREE Phy AME of CEMETERY of CR	5-14-68 T HPS ITAL and view the body ofter deother process JOHNS HOPKIN EMATORY 24D. BE	that in(my) (aur) on that in(my) (aur) on the time of time	238. DATE SIGNED 5-14-68 City, town, or county) (Sta
MEDICA	21D. TIME OF INJURY (APPROX.) 22 CEPTIFY that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) Edward BURIAL CREM REMOVAL (Sp	medical examiner) (Month) (Day) (Year) hat (I) (this hospital of the course store) from the courses store) F. Lewison, AATION, 248. DATE 15 17/6 BY HEALTH DEPT.	(Hour) 21E WI	E. INJURY OCCURRED hile At Not Whith At Work the deceased from RE ARRIVAL A I) (We) (did) (did not) the deceased from RE ARRIVAL A Attribute the deceased from RE ARRIVAL A OF GREEN TO CRUSHER TO CRUSH TO	5-14-68 T HPSPITAL and view the body ofter death of the state of the s	tathat in(my) (aur) on that in(my) (aur	23B. DATE SIGNED 5-14-68 City, town, or county) Maryland Address
WEDICA 24A	21D. TIME OF INJURY (APPROX.) 22 Certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Ty) Edward BURIAL CREM REMOVAL (Sp Burial	medical examiner) (Month) (Doy) (Year) that (I) (this hospital that the decease of the decease	(Hour) 21E WI	E. INJURY OCCURRED hile At Not Whith At Work the deceased from RE ARRIVAL A 1) (We) (did) (did not) DEGREE Phy AME of CEMETERY of CR	5-14-68 T HPS ITAL and view the body ofter deother process JOHNS HOPKIN EMATORY 24D. BE	tathat in(my) (aur) on that in(my) (aur	23B. DATE SIGNED 5-14-68 City, town, or county) Maryland Address

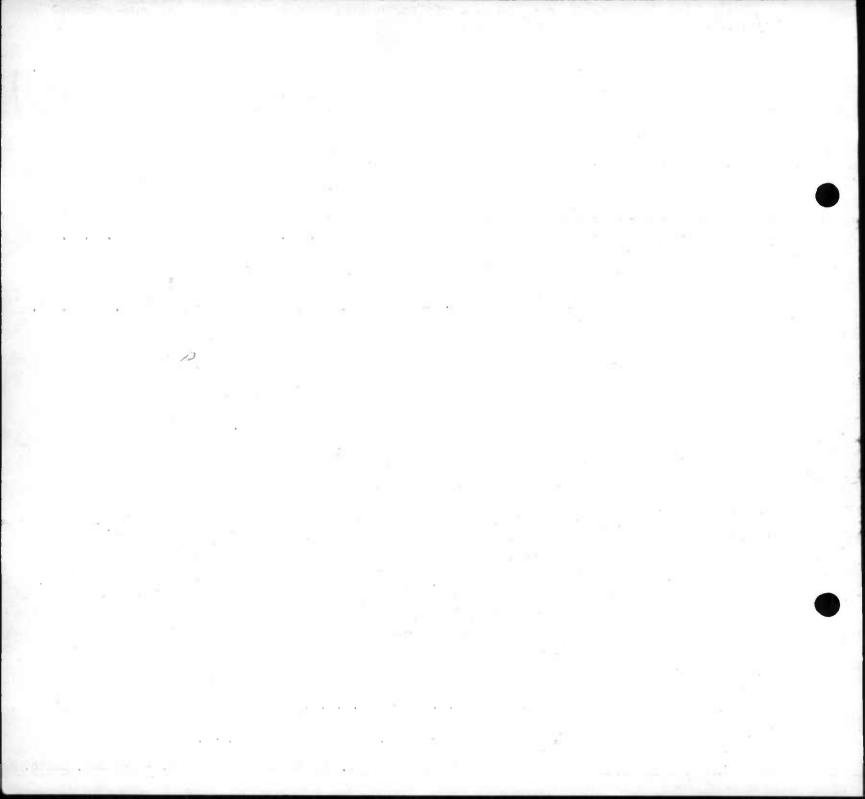


g.,	51	38	BALTIMORE	CITY	HEALTH	DEPARTMENT	
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68- 5138

Schwab 3512 Frederick Ave. Balto. Md

DIDTU NO			CERTIFICA	TE OF DEATH	KEO. I		
BIRTH NO.	FA SED			2 DATE	AND HOUR OF D	FATH	
(Type or Print)		71				1	
	Clara Mi			5/1			1:55 a. N
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	A. STATE B. CO	UNTY	ed. If institution; resid	Jence before comission
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Marylan	nd		カタノ
HOSPITAL OR	ADDRESS OR LOCA	TION)	TO HON, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY LIMI	TO
INSTITUTION							
112				Baltimore		YES 🔽	NO
12		_		E. STREET AND NUMBER			
SOUTH BA	LTIMORE GENER	RAL HOS	PITAL	149 Palmorn	no Avenue		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeo	rs If Under 1 Months: D	Yr. If Under 24 Hrs.
Female	White	WIDOWED	DIVORCED	11/25/93	last birthdoy) 7	4	dys 1100rs 14th.
	111111111111111111111111111111111111111			11. BIRTHPLA CE (Stote or			N OF WHAT COUNTRY
	working life, even if retired)	TOB. KIND O	1 BOSINESS OK INDOSEKI	11. BIRTHER CE (SIBIC OF	toleigh cooliny)	12. 0111221	TOT WHAT COUNTRI
Housewife	9			Balto. Md.		YY II	. S. A.
13. FATHER'S NA				14. MOTHER'S MAIDEN I	NAME	1 44 0	D. A.
Alonzo	Underwood			Mary Kelly			
15. Was Deceosed	Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		A	DDRESS
(Tes, no of unknown)	(If yes, give wor or dote	s of services	SECURITY NO.				
	cycle at the second		216-16-6230	Mrs. Marie Cus	ick 149 Pa	lormo Ave.	Balto. Md.
18. / 5	9		CAUSE OF DEAT	H	1		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIS	RECTLY	67		/		
	LEADING TO DEATH		THE CALL	-IARY	-IRRHO	10,5	
(This does n	al mean the made of	dying, e.g.	(A) IMMEDIATE CA	A CONSEQUENCE OF:			100007007777777777777777
	asthenia, etc. It means			1			
injury or com	plication which caused	dealn./	(1)	6			
	ANTECEDENT CAUSES		(8)	OF AN	CREAL		
DISEASES C	R CONDITIONS, if	any, givino	DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the	a above cause (A)	staling the					
UNDERLYING	G CONDITION last.		(c)				
15-7	× II						
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING					
	H BUT NOT RELATED TO T						
	ONDITION GIVEN IN PAR OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES.	WERE FINDINGS C	ONSIDERED
19A. DATE OF	WAS PERI	FORMED		1/2	IN CERTIFYIN	IG CAUSES OF DE	ATH?
E COLDE	TO LAKE CHAIR FROM WILLIAM	1 01	D. D. A.G.F. O.F. INTUINEY!	1 236 WILLIAM		the Co	. 1 . 4 . 1
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	ho	me, form, factory, street, o	in or obout 21C. WHERE DID	? (If in t	Boltimore City, give e	exoct location;
	medical examiner	eto	:.)				
D 21 D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F, HOW DID	INJURY OCCUR?		
S OF INJURY	1000		hile At 🗀 Nat Whi				
(APPROX.)			ork At Work				
22 1 consider	that All (this bosnital) attended	the deceased fram	11-3	19 (& ta	11-14	10 68
,			13				,
that (we)	last saw the decease	ed alive an.	V	1968 and	that In (ır) apinian death	accurred an the dat
and have and	from the causes stat	red abave.	(1) (VE) (did) (didumt)	view the bady after deat	th.		
23A. SIGNATU						23 B. DATE	SIGNED
1.0	1/1/50	11 0	AH	ending Med. Director	Shaff		
recha	ud X.Mo	ukn	DEGREE Phy		Phys.	5/1	1/68
23C. PHYSICIA				23D. ADDRESS		-/-	
l l		II MAG	V M D	G D G H 3033) T : 1. 1. 0.	e eresenhe	
24A RUPIAL CRE	RICHARD MATION, 1248, DATE	n. MAU.	A M.D. GEGREE	S.B.G.H. 1213	Light St	(City, tawn, or o	county) (State)
REMOVAL (Specify)	240, 1	TAINE OF CENTELEKT OF CR	242	LOCATION	(Ony, tawn, or t	country (state)
Burial	May17,19	68 Mou	nt Olivet Cem.	o m t m B	Balto. Md.		
	BY HEALTH DEPT.		OF REGISTRAR	25C FUNERAL DIRECT			ADDRESS



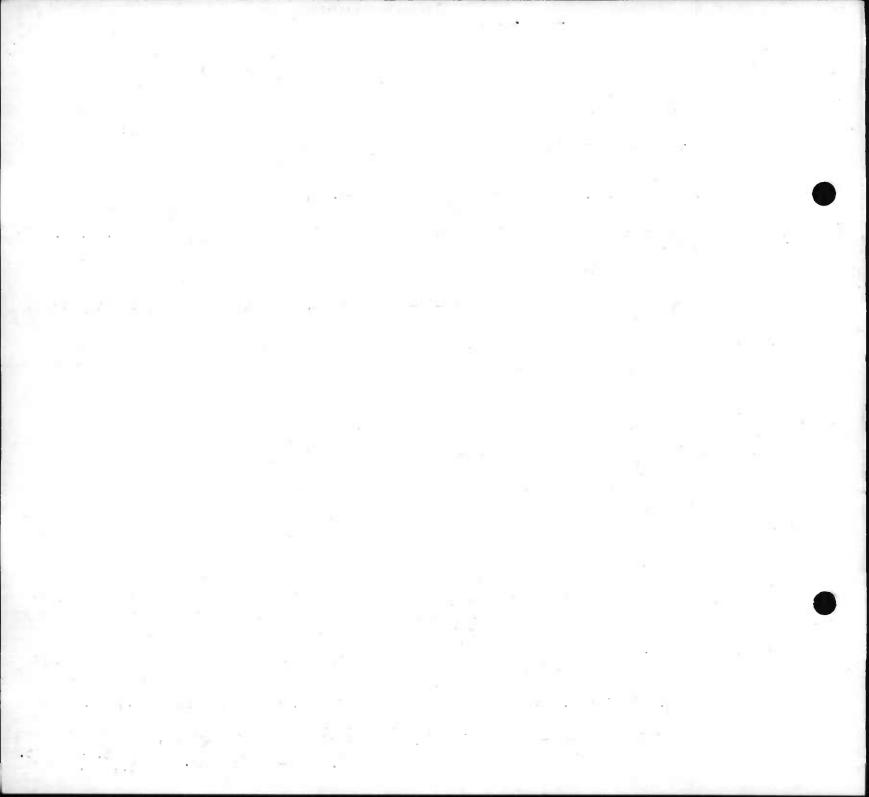
 100	BALTIMORE	CITY	HEALTH	DEPARTMEN

DING CERTIFICATE OF

REG. NO

68- 5139

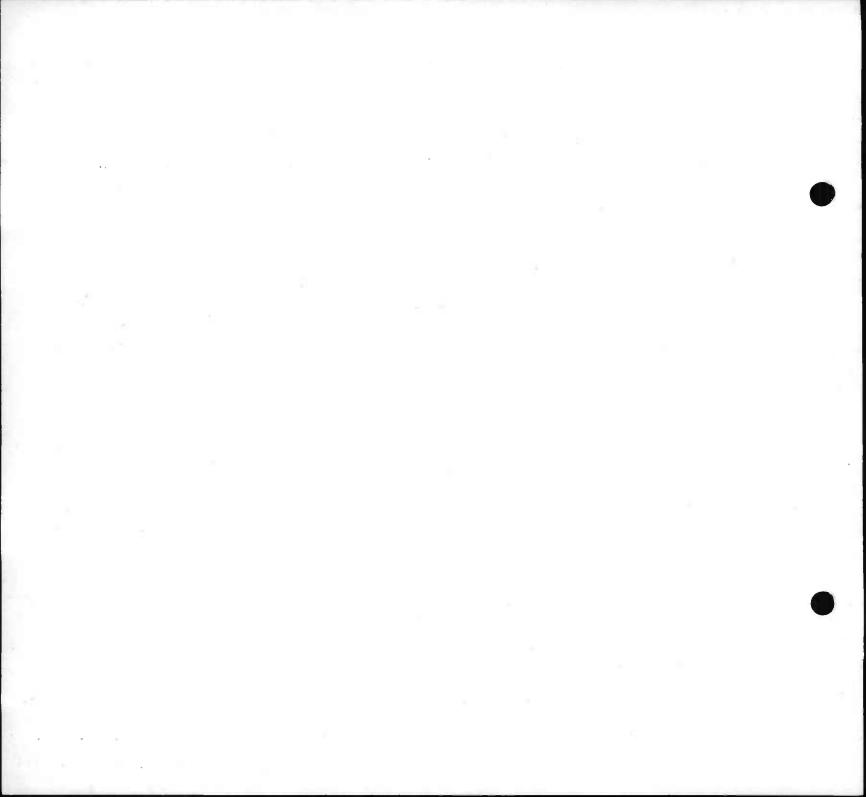
BIRTH NO.	CEASED		CERTIFICA	TE OF D		ND HOUR OF	DEATH	1. 12-14
(Type at Print)		DII	DITTO					9.36 P. M.
	EDMUND LTIMORE, MARYLAND, V		DNITZ INCED DEAD	4. USUAL RESI	DENCE (Who		ved. If institution	
FULL NAME OF	E (IE NOT IN HOSPI	TAL OR INSTITU	ITION, GIVE STREET	Maryl				
HOSPITAL OR	ADDRESS OR LOC	ATION)	THOU, OITE STREET	C. CITY OR TOW			D. INSIDE CIT	Y LIMITS?
	4			Balti	more		· YESX	X NO .
Long G	reen Nursing	Home		E. STREET AND				10
70				221 S	tonev	Run Lai	ne 21	210
5, SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR		9. AGE (In yolost birthdoy)	eors II Ur	nder 1 Yr. If Under 24 Hrs. hs Doys Haurs Min.
Male	Cau.	WIDOWED [Jan. 1,		89		
	CUPATION (Give kind of world working lile, even if retired)	k 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fore	eign country)	12. 0	CITIZEN OF WHAT COUNTRY?
Lawy		Self	Employed	Baltim	ore, M	<u>[aryland</u>	1	U.S.A.
13. FATHER'S NA	AME			14. MOTHER'S	MAIDEN NA	ME		
Henry	Budnitz			?				
15. Wos Deceose	d Ever in U. S. Armed Fo	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-			ADDRESS
No			214-38-9016	Emil A.	Budni	t ₂	300 East	30th Street
18. 11 4	091		CAUSE OF DEAT		2) 44412		700 2000	APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION D	IRECTLY		Ó	/			BETWEEK GROEF AND BEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Brones	and who	umonie		2 days
	nol mean the made o , asthenia, etc. Il mean			a consequence	OF			
	mplication which cause			. "		14		
	ANTECEDENT CAUSE	S	10 Pon	des				years
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENC	E OF:		4	
	he abave cause (A) IG CONDITION last.	stating the	(c) Sera	rolized Co	nterio	sele	yau	42025
450	0,0 11							
I TO THE DEA	IFICANT CONDITIONS CO	THE TERMINAL						
	OF OPERATION SIVEN IN PA		VHICH OPERATION	20 A. AUTOPS	Y? (Yes or N	O) 20B. IF YES	NERE FINDIN	GS CONSIDERED OF DEATH?
OR CONTRI	ENT WAS UNDERLYING	ham	PLACE OF INJURY le.g., e, farm, foctory, street, o	in or obout 21 C. W ffice bldg., INJUR	HERE DID	(If I	Boltimare City,	give exact location)
U	fy medical examiner)	etc.)						
OF INJURY	(Month) (Day) (Year		INJURY OCCURRED		OW DID IN	JURY OCCUR	?	
(APPROX.)		Whi	le At Not Whi					
22 1 cartif	y that (I) (shis hospit	l) attended th	ne deceased from	29 Fal		196 F .ta	1.3	MAN 1068
) last saw the deceas			1066	ø			eath accurred an the date
			1100				Dory aprillari a	cam accorded an me date
	nd fram the causes st	ated abave. (1) (did nat)	view the bady a	fter death.		loop P	DATE SIGNED
23A. SIGNAT	Dr. F.	Cot 30	DEGREE Ath		led.	Staff Phys.		5-mayes
23 C. PHYSICI	IAN'S		DEGREE	23D. ADDRESS				0
Dr.	William F. C REMATION, 24B. DATE (Specily)	OX 111	DEGREE	1118 ST		1 Stree		n, ar caunty) (Stote)
Buria 2SA. DATE REC	5-17-	68 Dr	uid Ridge Ce	metery	AL DIRECTO	R	7 27 7	laryland St. Baul St.
1	AY 1 6 1968	P.O. B	2. Fallenge	Wm. Co	ok-Bro	oks In	Balt	
VS 150-REV. 1/1	/68	1						



BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	68	5140

523	68- 5140 CERTIFICAT	E OF DEATH REG. NO. 68- 5140
deat deat ease n +H	1. NAME OF DECEASED (Type or Print) HYLA WEBB CONSTABLE	2. DATE AND HOUR OF DEATH 5 / 5 / 6 8 12 - 15 M.
of of of ce	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence belore admission) A. STATE B. COUNTY
hos use (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
		Baltimore City YES X NO
uting ed cau ar att prior de.	Homeland, Balto. 21212	202 Paddington Road, Homeland
	MAKKIED X NEVER MAKKIED	DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Months) 15 Under 1 Yr, If Under 24 Hrs. Months Days Haurs Min.
o c c c c c c c c c c c c c c c c c c c	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1	Apr. 25,1888 80 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or condet in dec	done during most of working life, even if retired) NONE	Baltimore, Maryland USA
f de oct was he posi	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
h (4	George R. Webb	Mary R. Cox
ind ind eat	(Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	7. INFORMANT SON ADDRESS
SS: TAPEF	NO 214-46-8182 (George W. Constable, Monkton, Maryland
iner or his a ner. Also, if acture of any pronounced ular attende		RECLUME LEST & TO SET AND DEATH
mirritro fro ho egu	ANTECEDENT CAUSES	CONSEQUENCE OF:
alexalexalexalexalexalexalexalexalexalex	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	CONSEQUENCE OF:
medico edical burns; hysicio n was remair	420,1 II O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ema of color -
chief n y a m Body b the ph ysician e the r	DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the (2) ere o ph	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice	or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) ce bldg., INJURY OCCUR?
ved b hosp natur ept w d (6)	DEATH (notify medical examiner) 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
the any (exc	22. I certify that (1) (this hospital) attended the deceased from	
0 0		19 ond that in (my) (our) apinion death accurred on the date
bed nt pii pi	ond hour ond from the cooses stoted above. (!) (We) (did) (did not) vie	ew the body ofter death. 23B, DATE SIGNED
SOPOPE	Allem DEGREE Phys.	ding Med. Staff May 15, 1968
s rele acci it a h	23C.PHYS)CIAN'S NAME (Type)	D. ADDRESS
ificate / was ri 1) An at 3.A. at of d prior	WILLIAM F. RENNER	3222 St. Paul Street, Baltimore, Md.
£ 500 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREM BURIAL 5/17/68 Druid Ridge C	
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR!	250. FUNERAL DIRECTOR ADDRESS
This the showas was	MANY 1 C 1068 D. D. B. S. Farlentia	STEWART & MOWEN CO.108 W. North Av. Cityl

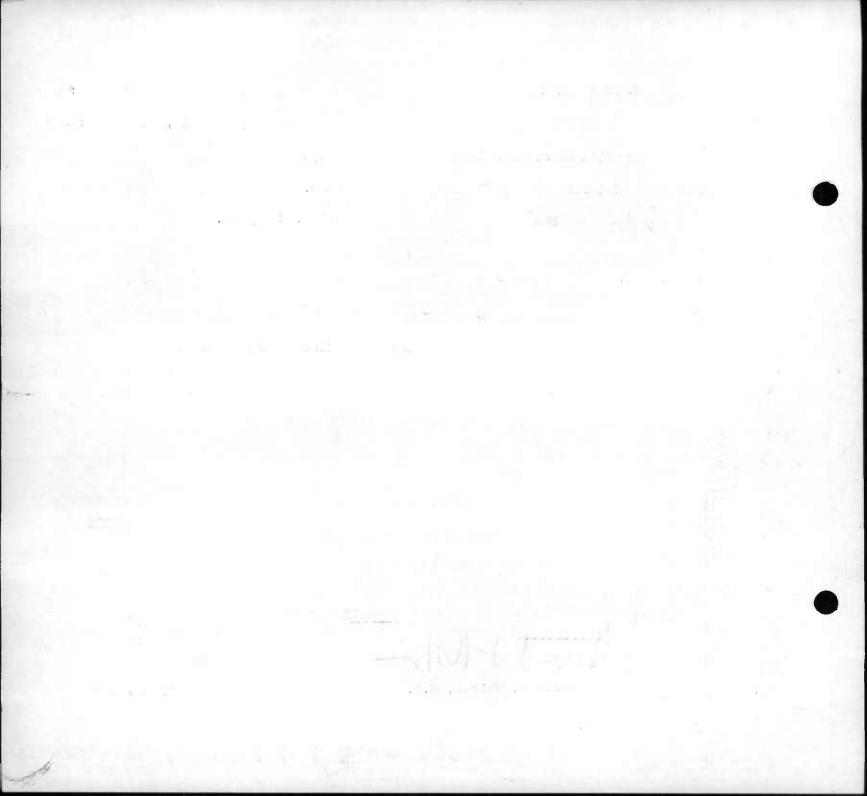


68- 5141

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	00- 0141
BIRTH NO.	120.110.	
I. NAME OF DECEASED Type or Print)	2. DATE Known Month Day	Year Hour
CLAYTON BLACK	DEATH Estimoted 5 14	68 10:15 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		1968 10:15 p M
ORINSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution:	residence before odmission)
36 Turnisia Comerce Heavited	A. STATE B. COUNTY Maryland	/ Some way
Franklin Square Hospital 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
MINORED WORKED	1	
Male Colored WIDOWED M. DIVORCED L. DATE OF BIRTH . 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	Dateo	tat NO L
12/15/02 lost birthday Months; Doys Hours Min	113 N. Carey St.	
1. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	MALTER BLACK	
4A.USUAL OCCUPATION (Give kind of work 148 KIND OF BUSINESS OR INDUST		
BAILER CO	CAROLINE BROW	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) ((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	The state of the s	DRESS
NO 217-16-557	9 JAMES BLACK 1010 N. S	TrickER Q1
19. 4 2 1 4. CAUSE OF DE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Sponton	eous intracerebral hemorrhage	DETWEEN CHOSET AND DEATH
LEADING TO DEATH		
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	***************************************
heort foilure, asthenio, etc. It meons the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	R AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	3	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		00000
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED	21. AUTOPSY? (Yes or No)
0		YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	., in or obout 22C. WHERE DID (If In Boltimore City, give exact	
UNDERLYING OR CONTRIB-	ice bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	OT WHILE CO	
(APPROX.) m. WORK AT	WORK L	
23.	utopsy vy and that an this basis, death in my	-1-1
resulted from: Hatural causes XX Accident Suic	ide Homicide Undetermined monner	
The state of the s	CHIEF MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		14, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y ar CREMATORY 24D. LOCATION (City town	or county) (State)
REMOVAL (Specify) 5/18/68 Mt. Cals	any 1.10. Con	nly, pro
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ALL	DORESS
MAY 1 6 1968 R. Ber & Starker	10 St 11 1/1 / 1 / 12	04 n. Centra A
MINI A 0 1300 He sent 2 stankey	Tough & Nocks 10 13	04 N. Cares 4

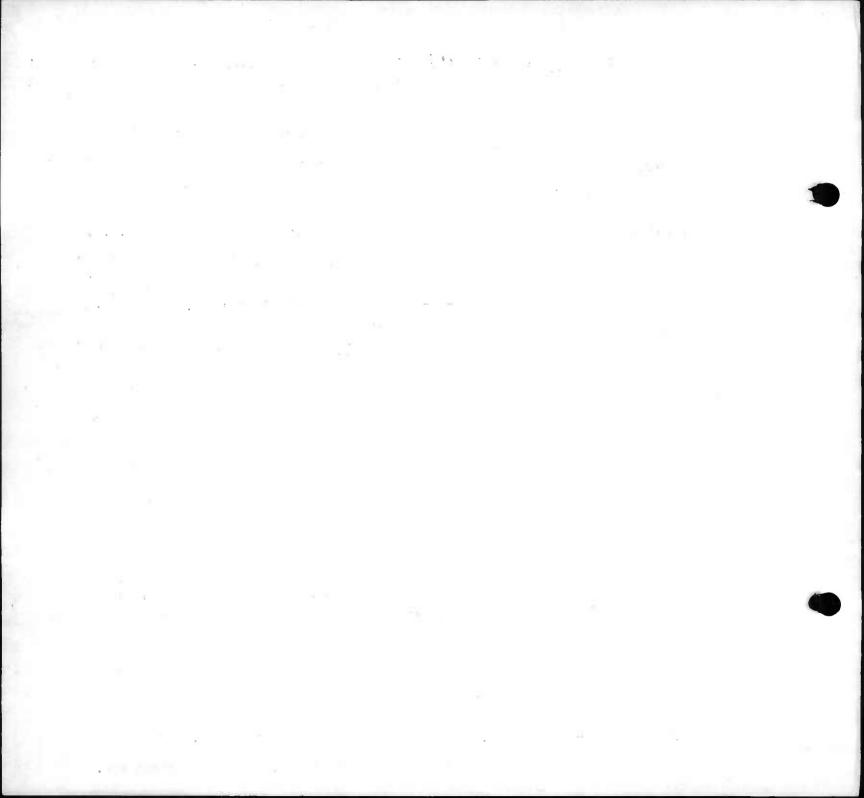


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was in regular attendance on the to death. deceased prior deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT death was D.O.A. at a hospital (except where the physician who pronounced

Such

	00	54.4	BALTIMORE	CITY HEALTH	DEPARTMENT		00 5140	
	68	- 314	CERTIFIC	CATE O	F DEATH	REG. NO	68- 5142	-
BIRTH NO.	FASED		02.(11.1		2 DATE AN	D HOUN OF DEATH		
(Type or Print)	LYLES,		othy k		51	14/68	11 25.	AM
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STAT	E B. COUN	e deceased lived. If i TY	nstitution; residence before admi	ssion)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	C. CITY	yland ORTOWN	Baltimos D. INS	CE SIDE CITY LIMITS?	nu ₃
The Joh	ns Hopkins	Hospi	tal	E. STRE	timore ET AND NUMBER Lynhurst	Ave.	YES NO SEL	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24	
Female	Negroid	WIDOWED		4-8		ost birthdoy)	Months Doys Hours A	Ain.
IOA. USUAL OCCU	JPATION (Give kind of work working lite, even if retired)	10B. KIND OI	F BUSINESS OR INDU	STRY 11. BIRTI	PLACE Stote or forei		U.S.A.	JNTRY?
13. FATHER'S NAM					HER'S MAIDEN NAN	A E		
Levy King				Rosi	e Yerby			
1S. Wos Deceosed (Yes, no or unknown)	Ever in U. S. Armed For	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS	
No			213-20-9027		rson Lyles	- 411 Lynd	hurst St.	
DISEASES C	aplication which coused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) B CONDITION lost.	any, giving	(B)(C)	R AS A CONSI	QUENCE OF:			B000*
TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON	HE TERMINAL RT 1 (A).	WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
19A. DATE OF	WAS PER	FORMED			VES	IN CERTIFYING CA	AUSES OF DEATH?	
OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF	21 E hom etc.	B. PLACE OF INJURY (one, form, foctory, street,)	e.g., in or obout t, office bldg.,	21C. WHERE DID INJURY OCCUR?	(If in Baltimo	ore City, give exoct lacotion)	
21D. TIME OF INJURY IAPPROX.)	Month Dayl (Year)			While	21F. HOW DID INJ	URY OCCUR?	-1.1.7	
that (1) (we)	that (1) (this haspitalist saw the deceased from the causes sta	ed alive an	5/14/6		and the	9ta	inian death accurred an the	e date
23A. SIGNATU	Philip K	ed 1	DEGREE	Attending Phys.	Med. Director	Shaff Phys.	5/14/68	
23C. PHYSICIA NAME IT	lagu	ilip R		The	Johns Hoj	pkins Hos	pital	
24A. BURIAL CREATE REMOVAL (S	MATION, 248, DATE Specify) 5-18-6		AME of CEMETERY of		24D. Le		City, town, or county) (St	tote)

2SC. FUNERAL DIRECTOR Mt. Augurn MAY 16 196 258. NAME OF REGISTRAR ADDRESS Charles R. Law 802 Madison Ave. VS 150-REV. 1/1/68

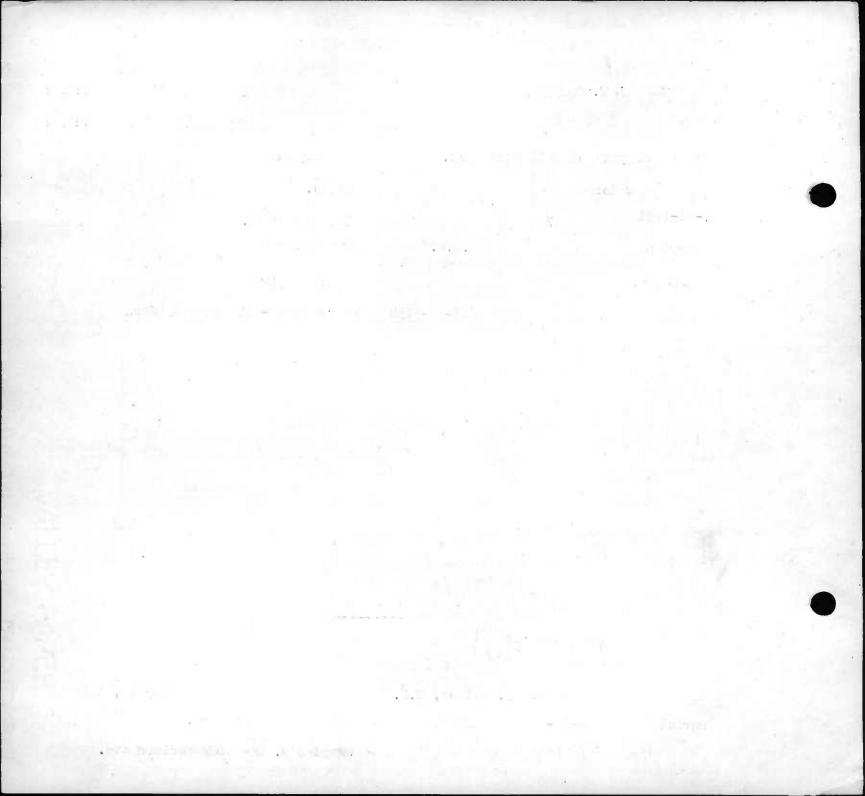


68- 5143 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

68	5	1	4	3
----	---	---	---	---

BIRTH NO.					KEG. NO.			
1. NAME OF DECEASED		2. DATE	Known X	Month	Day	Yeor	Hour	
(Type or Print) SAMUEL T. GARDNER		DEATH	Estimoted	5	10	68	7:25	ам
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Year	Haur	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION) OR INSTITUTION	ION, GIVE STREET		NCED DEAD	May	10	1968	7:25	
O Rear yard of 1311 Etti	ng St.	A. STATE	SIDENCE (Where		B. COUNTY	residence b	elore oamis	non)
6. SEX 7. RACE B. MARRIED	NEVER MARRIED	C. CITY OR	OWN		D. INSIDE CIT	LIMITS?	All of the last of	
Male Colored WIDOWED		Bal	to.		14	X	OUL	-
9. DATE OF BIRTH 10. AGE (In years If U	Inder 1 Yr. If Under 24 Hrs. oths 1 Doys 1 Hours 1 Min.	E. STREET A	ND NUMBER					
4/		1419	Brunt S	t.				
	CITIZEN OF WHAT SONNTRY?	13. FATHER'S	el Gardne	r				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF								
done during most of working life, even if retired)	BOSINESS ON HADOSINI		1 Sulliva					
Laborer 16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	1B. INFORM			ADI	DRESS		
(Yes, na ar unknawn) (II yes, give wor or dotes af service) Yes WW II	217-26-5754	Carri	e Noel -	\$2 Wir	iters La	ne		
19. 3 45, 7	CAUSE OF DEA	тн			JEIN		PROXIMATE IN	
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH	(A)IMMEDIATE C			epsy				
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	DUE TO, OR A	AS A CONSEQU	JEN CE OF:	1				
injer, or compression and construction,								
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSEQ	UENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE	4-2							
Z	(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR								
DISEASE OR CONDITION GIVEN IN PART 1 (A).								
20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION WA	AS PERFORMI	D			21. AUTO	PSY? (Yes o	r No)
						YES		
UNDERLYING TOR CONTRIB. hom	PLACE OF INJURY (e.g., e, form, foctory, street, affice	in or obout 22 e bldg., etc.) IN	C. WHERE DID	(If in Boltimor	e City, give exac	t location)		
© UTING □ CAUSE OF DEATH.					100			
OF INJURY	WHILE AT NOT	WHILE C	F. HOW DID IN	JURY OCCL	JK?			
(APPROX.) m.	WORK AT W							
I certify that I held on Inquiry	Inspection Au	topsy X	and that on t	his basis,	deoth in my d	pinion		
resulted from Notural couses Try	Accident Suicid	le Ho	micide 🗌	Undetermi	ned monner			
		C	HIEF MEDICAL E	XAMINER			DATE CICA	150
SIGNATURE SCHOOLS	VIS- M.D	ASSIS	TANT MEDICAL	XAMINER	X		DATE SIGN	1FD
EXAMINER'S	,,,,,		CIATE MEDICAL E	XAMINER				
NAME (Type) Edward F.	Wilson, M.D.					10,		
REMOVAL (Specify)				LOCATION	(City, town,		(Sto	e)
Burial 5-16-68	Baltimore Na				re, Mary	land		
25A. DATE REC'D BY HEALTH DEPT (25B. NAM)	E OF REGISTRAR	1 256. F	uneral directories 'R. L	er aw 802	2 Madiso	n Ave	•	



		BALTIMORE CITY	HEALTH DEPARTMENT		68 5144
	W-452 - BR.	144 CERTIFICA	TE OF DEATH	REG. NO.	00- 0144
	IRTH NO.	TALGERTING		D HOUR OF DEATH	
	Type or Print)	TNA	me	us 14.6	81 7.15 PM
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If ins	titutian: residence befare admission)
	THE NAME OF THE NOTING HOSPITAL OR AN	CTITUTION CIVE CTREET	7	ETIMEO.	RE
111	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	SITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
1	MONTEBELLO	STATE HOSL	BALTIMOZ	E	YE Dawn Mg D
1	11000000		E. STREET AND NUMBER	,	
	7.1		1206 Di	15001V	41
5	SEX 6. RACE 7. MARR	NEVER MARRIED DIVORCED		ost birthday)	If Under 1 Yr. tf Under 24 Hrs. Manths Days Haurs Min.
	DA. USUAL OCCUPATION (Give kind of work 108, KINI	OF SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY?
0	Dress Wike A		MARYL	AND	45A.
i	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	HARMON		,		
1	S. Was Deceased Ever in U. S. Armed Farces? (es,no ar unknown) (If yes, give war ar dales af servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11		218-32-13	28-96 Flucre	tca Datcher	,1916 Ruxton
1	18,//	CAUSE OF DEAT		000 200000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OF CONDITION DIRECTLY		111	1111	
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE/ 1940 Corac	el sistare	iles 4-16-61 6
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		5-14-68
1	injury or complication which coused death.)	15	PILD		
	ANTECEDENT CAUSES	(8)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if ony, gi	viiig			
	UNDERLYING CONDITION lost.	(C)			
	Z 4201/ II	NC			
	TO THE DEATH BUT NOT RELATED TO THE TERMIN				
11	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
	WAS PERFORMED			IN CERTIFICO CAN	53E3 01 DEATH.
	U 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, farm, factary, street, a etc.)	ffice bldg., INJURY OCCUR?	(If In Baltimar	e City, give exoct location)
	21D. TIME (Month) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	While At Nat While Wark At Wark			
	22. I certify that (I) (this haspital) attend	1	27 12	1967 to	5-14 1968.
	that (I) (we) lost saw the deceosed alive			_ /	nion death occurred an the date
	ond hour and from the causes stated above	/			
	23A. SIGNATURE	01 (1) (110) (010) (010 1101)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23 B. DATE SIGNED
П	Dilet Folguer	As As Doscoss Phy	ending Med. Director	Staff Phys.	5-14-68
	23C. PHYSICIAN'S	OEGREE!	23D. ADDRESS	-	/ /
	DIRECT FOLGLIE	RAC MIN	mortelela	o flate	pospital
2		C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ty, tawo ar caunty) (State)
	REMOVAL (Specify)	MA Andrews Com	D.	ltimone Me	muland
2	Burial May 16, 68 SA. DATE REC'D BY HEALTH DEPT. 258. NA.	Mt. Auburn Cen	25C, EUNERAL DIRECTOR	altimore, Ma	ADDRESS
	MAY 1 6 1968 P. P. 16 8	Jan Bras	Charles R.	1	lison Ave.
IF	C 150 BEV 1/1/48				

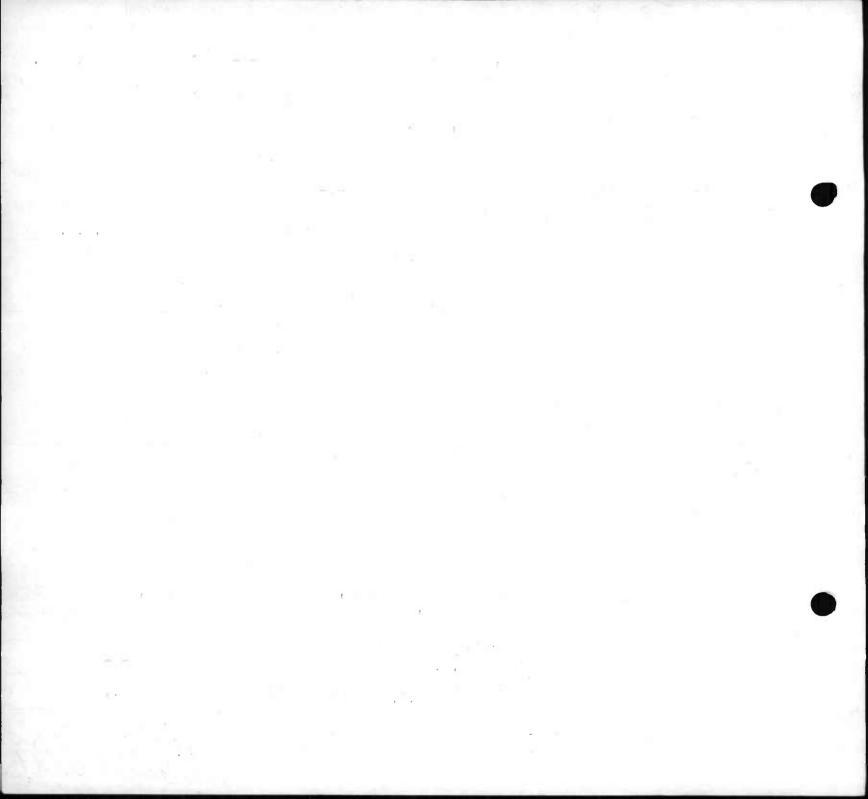


IMPORTANT DIRECTOR: FUNERAL

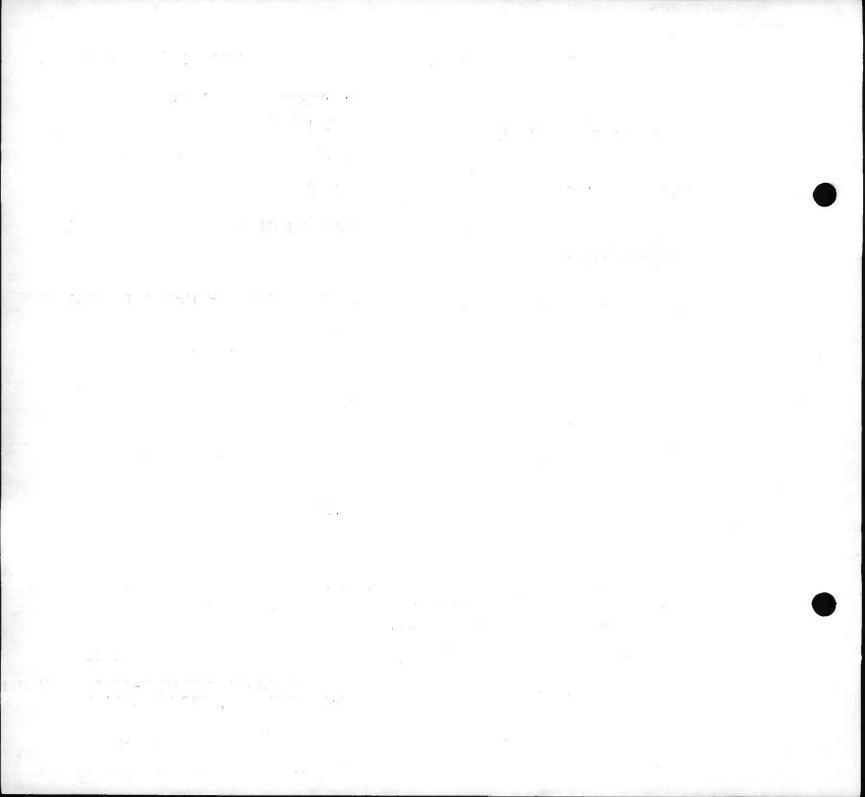
VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT W-252 68-5145 CERTIFICATE OF DEATH and Such of death Deceased 2. DATE AND HOUR OF DEATH
5-8-68 EOR I. NAME OF DECEASED (Type or Print) Washington, Square 0 a hospital 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance eat A. STATE (5) Maryland cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 0 HOSPITAL OR C. CITY OR TOWN cause; attend 0 Provident Hospital, Inc. Baltimore occurred in prior E. STREET AND NUMBER contributing 2309 Roslyn Avenue Undetermined disposition is made. in regular 8. DATE OF STRTH 9. AGE (In years S. SEX 6. RACE deceased MARRIED NEVER MARRIED lost birthday Male Negro 3-5-83 WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Georgia a s the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 3 death On 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT or final SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) attendance any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH 440cardia (A) IMMEDIATE CAUSE fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, gular injury at camplication which caused deoth.) em ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF: Te the remains are DISEASES OR CONDITIONS, if ony, giving the above cause (A) stating the Ia physician UNDERLYING CONDITION lost. 4201 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING and (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) the chief 19A, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) where the WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? hospital MEDICAL DEATH (notify medical examiner) nature; approved by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At (APPROX.) Work At Work to the 68 May any 22. I certify that (1) (this haspital) attended the deceased fram. 68 that (1) (we) last saw the deceased alive an of hospital death) and haur and from the cryses stated above. (1) (We) (did) (did nat) view the body after death. must was released accident 23A. SIGNATURE Attending [10 Phys. approval 0 23C. PHYSICIÁN'S 23D. ADDRESS prior 0 NAME (Type 1514 Division Street An M.D. Y. deceased written ap OF CREMATORY the body 0.0 ds HEALTH DEPT. 25B. NAME OF REGISTRAR

68- 5145 9:30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) NO If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) May and that in(my) (aur) aplnian death accurred an the date 23B. DATE SIGNED 5-9-68 Balto., Maryland

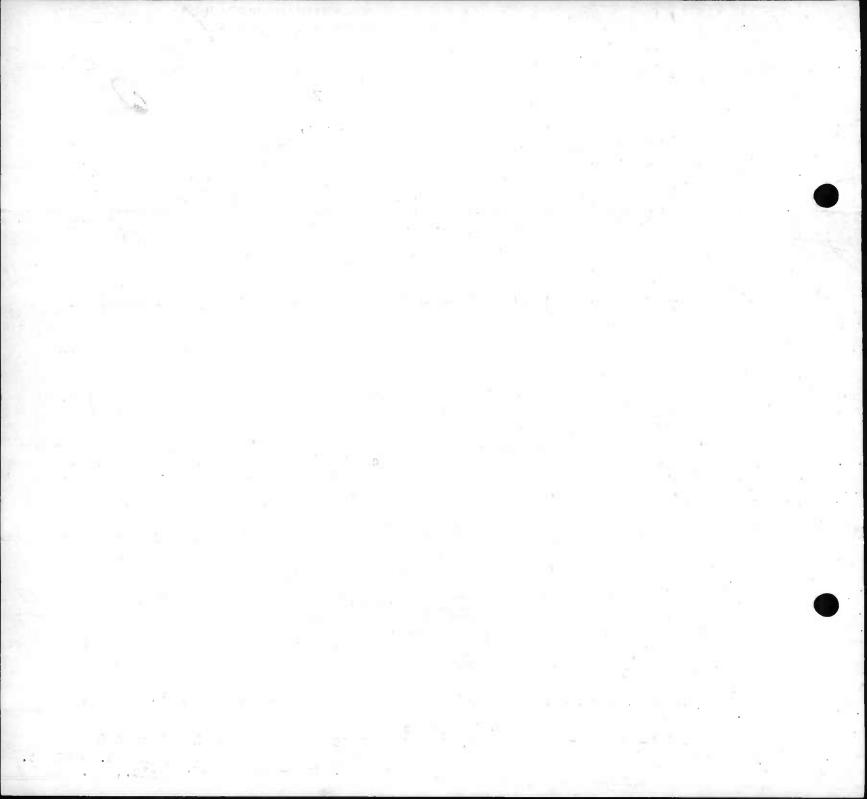


	68 5	146 CERTIFICA	HEALTH DEPARTMENT	REG. NO.	68- 5146	
BIRT	H NO.	CERTIFICA	TE OF DEATH	X	00 03.10	
	AME OF DECEASED	RTHUR RAY	2, DATE ANI	Y 13, 196	8 12:10 P. M.	
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If in	stitution: residence before admission)	
HOS	L NAME OF (IF NOT IN HOSPITAL OR IP SPITAL OR ADDRESS OR LOCATION) TITUTION	MARYLAND C. CITY OR TOWN	2]227 /	Baltsmorely DECITY LIMITS?		
	ST AGNES HOSPITAL	BALTIMORE YES NO NO				
1	40	E. STREET AND NUMBER 5546 ASHBOURNE ROAD				
S. SE	ALE WHITE WIDO	B. DATE OF BIRTH 11/26/11	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
E	during most of working life, even if retired) Sta	tionary	WEST VIRGINIA		USA	
13. F	THOMAS GROSE		14. MOTHER'S MAIDEN NAME			
15. W	Vos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Yes,	no arunknown) (If yes, give war or dates of serv	234 -03 -9961	ST AGNES RECO	RDS-WILKE	NS & CATON AVES	
1	1B. / / 9	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY			1 1	BETWEEN CHOSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CAL	SE Intracerebi	ral nemo.	rrhage	
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:			
	injury or camplication which caused death.)		/			
	ANTECEDENT CAUSES (B) Hyperteus we arteroscle who cardos accorded					
- 1	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:					
	rise to the above cause (A) stating	the of all	stast .		1.174	
	UNDERLYING CONDITION last.	(c)	3 6 4 7			
ĭ	443 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI					
< 1 €	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED	
ERTIFIC,	WAS PERFORMED		YES	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
_	21 A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)	
0	21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
	OF INJURY (APPROX.)	While At At Work	e 🗍			
				9 68 to MA	Y 13. 10 68	
	22. I certify that (1) (this haspital) attend	MAN 12	19 68 and the	9 00 ta 1114	19 00	
1	that (N) (we) last saw the deceased alive	an MAY 13,	19and the	at in(mŷ) (aur) api	nian death occurred an the date	
	and haur and from the causes stated abo	ve. [/] (We) (did) ()(i)()(i)()(i)()	iew the bady after death.			
	23A. SIGNATURE			23 B, DATE SIGNED		
	Malla He - Jel		Staff Phys.	05 13 68		
	23C. PHYSICIAN'S	23D ADDRESS				
	PABLO DIBOS		ST AGN	ES HOSPITA	AL-CATON & WILKE	
011		DEGREE	AVE BALTIMO	RE. MARYL	AND 21229	
24A.	BURIAL CREMATION, 248. DATE 248. REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY 24D, LC	CATION (C)	ity, town, or county) (Stote)	
1	3 urial 0/16/68/	30 limore Vato	na penelle Bo	Umore)	n willmed	
2SA.	DATE REC'D BY HEALTH DERT SE NA	ME OF REGISTRAR	25C FUNERAL WIRECTOR	1	ADDRESS	
ii.	MINI TO 1200 OF CHE	NE, Tabley Pra	ambrose of	1324 Lu	Irhen So Al.	
VS 1	ISO-REV. 1/1/6B		Company		9	



RGB

68- 5	147 BALTIMORE CITY	HEALTH DEPARTMENT		68- 5147			
	CERTIFICA	TE OF DEATH	REG. NO.	OO OLT			
BIRTH NO.		2. DATE AND	HOUR OF DEATH				
(Type or Print) Andrew Jacks	on Swails		14, 1968	4:30 A M			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT		titution: lesidence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Florida C. CITY OR TOWN D. INSIDE CITY LIMITS?					
INSTITUTION		W. Palm Beach		YES NO			
US Public Health Service	Hospital	e. STREET AND NUMBER 947 Bradley Co	ourt				
M W WIDOV		9/25/03	AGE (In years ost hirthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
done during most of working life, even if retired) Retired Coa	Navy & INDUSTRY	11. BIRTHPLACE (Stote or foreign	in country)	USA			
13. FATHER'S NAME			\E				
Franklin M. Swails		Maria Wingade	9				
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Yes USN & CG '20-'5	266-46-2198	Records- US PI	HS Hospital,	Balto, Md.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	approximate interval between onset and death Unknown						
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES	ase, Arte	a consequence of: eriosclerotic ca		20 yrs. ?			
DISEASES OR CONDITIONS, if any, given is a lot like obove cause (A) stating UNDERLYING CONDITION last.	(C)	a consequence of: di	ostate,	2 yrs.			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED			
		no					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, farm, foctary, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)			
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJU	IRY OCCUR?				
22. 1 certify that (1) (this haspital) attend	ed the deceased from	eb. 7	9 68 to May	13 19 68.			
	that (V (we) last saw the deceased alive an May 13 19 68 and that In (m/r) (aur) apinlan death accurred an the date						
and hour and fram the causes stated abov	e. (/) (We) (did) (plips/hg/t) v	iew the bady after death.		23B. DATE SIGNED			
7-11 A 10	Atte	nding Med.		5/14/68			
23C. PHYSICIAN'S	DEGREE Phy	s. Director 1	Staff Phys. 12	7/14/00			
Howard F. Cost, Jr. SA	Surg (R)	US PHS Hospital	, Balto, Md				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRI			, town, or county) (State)			
Burial-Sea 5-15-68 B	Reyond 12 mile	Limit Be		le Limit			
MAY 1 0 1068 10 0	& & Failman	Wm. Cook-Broc		217 St. Paul St. alt., Md. 21202			

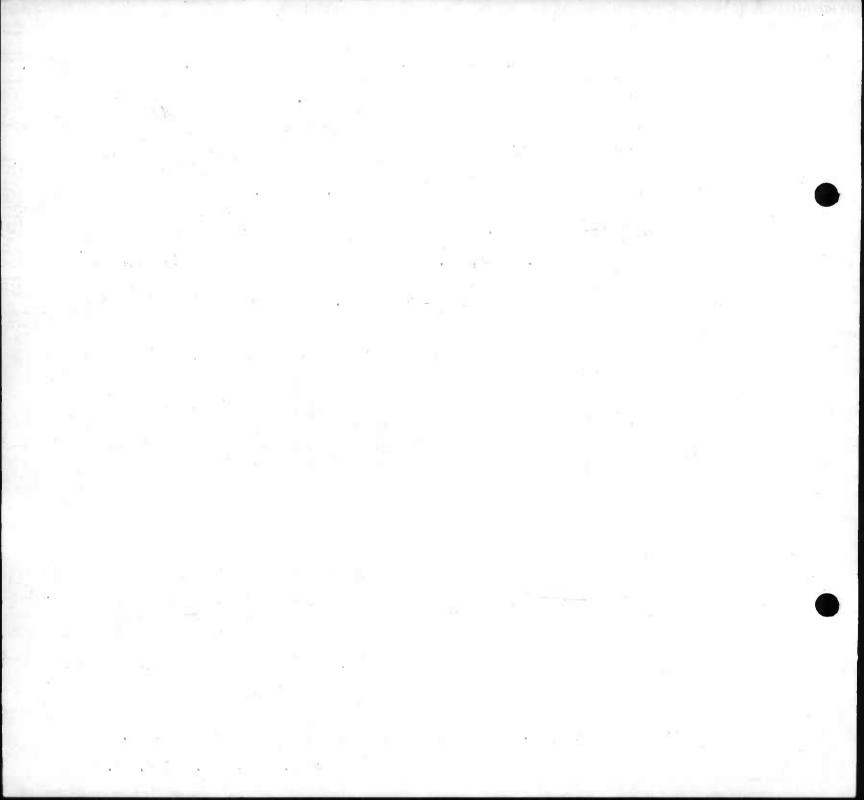


VS 150-REV. 1/1/6B

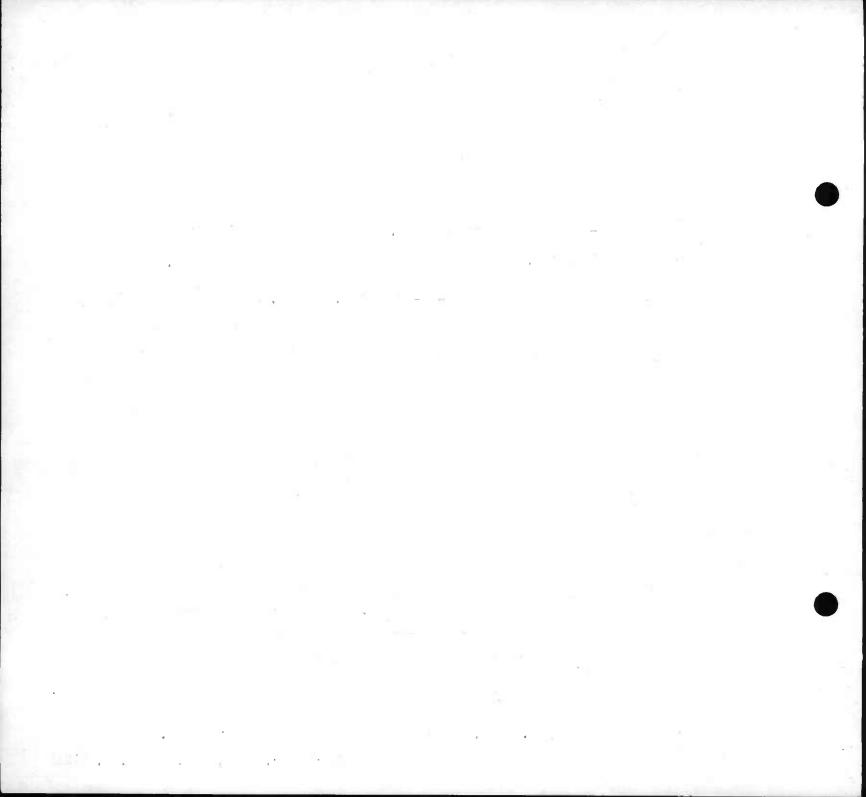
436	68- 5148 BALTIMOR	RE CITY HEALTH DEPARTMENT FICATE OF DEATH REG. NO. 68-5148
and ased the Such	I. NAME OF DECEASED SUSAN HOLLY COUL	TER 2. DATE AND HOUR OF PEATH
of do Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore deceased lived. It institution: residence before admission)
hasi ise (5) and ded	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	Maryland Washington 60-00
d in a ng cause; cause; attend	3 The Johns Hopkins Hospital	Knoxville YES NO XX E. STREET AND NUMBER BOX 321
ar lar de.	5. SEX 6. RACE 7. MARRIED NEVER MARRI	R DATE OF RIPTH 9 AGE (In years If linder 1 Yr If linder 24 Hrs
trib min gul sed	Female White WIDOWED DIVORC	= 12 21 E4 lost winded)
r can deter in re lecea ian is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired) Student Junior High	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Ranson, West Va. USA
if death rect or c (4) Undet was in the dec	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rec (4) W th th	Lawrence Coulter	Jacqueline Penner
anthathathathathathathathathathathathathat	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 16. SOCIAL 16. SECURITY NO	17. INFORMANT Mr. I AWYORCO CON 1 to ADDRESS
the the kin dec nce	Mp None None	Box 321, RFD#2, Knoxville, Md. 21758
by the chief medical examiner ar his a ital by a medical examiner. Also, if e.; (2) Bady burns; (3) A fracture of any where the physician wha pronounced Na physician was in regular attendo before the remains are embalmed or	Contributing Cause of aying, e.g., head failure, asthenia, etc., Il means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES (B)	IN CERTIFYING CAUSES OF DEATH? NO RY (e.g., in or obout 21 C. WHERE DID street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location)
This certificate must be appraved be the body was released to the hosp shows: (1) An accident of any naturwas D.O.A. at a hospital (except was D.O.A. at a hospital (except wasceased prior to death); and (6) written approval must be obtained	22. I certify that (I) (this hospital) attended the deceased fra that (I) (we) last sow the deceased alive on and haur and from the causes stated above. (I) (We) (did) (did 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Harry K. Genant 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETER.	Not While At Work In 19 6 and that In(my) (our) opinion death occurred on the date d nat) view the body after death. Attending Med. Director Phys. 23D. ADDRESS DEGREE The Johns Hopkins Hospital

Service and a contract . _ . _ . _ . g d'Ar de la segui (fong Was the

-	1	5	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the court was received to the mercial examiner. Also, if the direct of confributing cause of death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the C	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such



		00 FA	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5150	
	-	58- 513	CERTIFICA	TE OF DEATH	REG. NO	00 0100	
BIRTH NO.			CERTITION				
Type or Print)	WILLIA	m I	COCHRA		HOUR OF DEATH	0 15	
2 81 4 65 181 8						stitution: residence before admission)	
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	A. STATE B. COUN	TY		
FULL NAME O	F (IF NOT IN HOS	PITAL OR INSTITU	TION, GIVE STREET	MHRy/AN	d -	05	
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. INSI	DE CITY DIMITS?	
,)			KA Hm	UKC- 1	YES NO	
37 /	12.	//	2 1 1	E. STREET AND NUMBER			
1 //	16 ECU	1185	D1-1771	908 00	RSuch	HUE	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 90	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
m	w	WIDOWED	DIVORCED	1-26-XXX	77		
OA. USUAL OC	CUPATION (Give kind of v	vork 108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY	
lone during most	of working life, even if retire		. 04 3 0	Maryl	and	(15A	
KC+		ian-Rethin	m Steel Co.			Clarit	
3. FATHER'S N		7 0 -1		14. MOTHER'S MAIDEN NA			
	William	J. Cochr	an		Mary J.	Bradley	
5. Was Deces	ed Ever in U. S. Armed	Forces?		17. INFORMANT		ADDRESS	
Yes, no or unknow	wn) (If yes, give wor or o	dotes of service)	213-07-4611A	Mrs. Mary G. C	ochran	(Same)	
					OOM CH	APPROXIMATE INTERVAL	
1B. 44	2,41		CAUSE OF DEAT	1		BETWEEN ONSET AND DEATH	
DISE	ASE OR CONDITION LEADING TO DEA			May 15 T	I H.		
(This days			(A)IMMEDIATE CAU		wing Imm	la munules	
	not meon the mode e, asthenia, etc. It mee		DUE TO, OR AS	A CONSEQUENCE OF:			
	omplication which cou			". May ali		4140	
	ANTECEDENT CAUS	SES	(a)	MOCAT)	Ars.	
DISEASES	OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		4	
rise ta	rise to the above cause (A) stating the						
UNDERLYI	NG CONDITION last.		(c)				
_ 433	3 // II						
V	NIFICANT CONDITIONS						
C DISEASE OR	ATH BUT NOT RELATED T	PART 1 (A).					
19A. DATE		ONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
S C C	00.6			100			
OP CONTRI	DENT WAS UNDERLYING	G 21 B.	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct locotion)	
	lify medical examiner)	or etc.)					
21D. TIME	(Month) (Doy) (Ye	or) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
S OF INJURY			le At Not Whil	e 🗖			
(APPROX.)		Wor	k			- 15	
22. I certi	fy that (1) (t his hosp	ital) ottended tl	ne deceased fram	NOV	19 6 8 to	5-15 19 68	
thot (I) (lost sow the dece	osed olive on	5-1	5 19 6 8 and th	hat in (my) (ar opi	nion death occurred on the dot	
		/) (Mark (did) (did_a)	iew the body after deoth.			
23A. SIGNA		ore pave.	/ (ulu) (ulu) (iew the body difer deoth.		23B, DATE SIGNED	
23A. 3100A	1.00-	1	A MARIO AHA	nding Med.	Staff		
10	Means	11/6	DEGREE Phy	b. Director	Phys.	5-15-68	
23C. PHYSIC	(Type)	1/1		23D. ADDRESS	0-		
MAINE	WILLIA	mR.	LAW MD	714 801	KRD	1000011, m)	
24A. BURIAL C	REMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRI	MATORY 24D. I	LOCATION (C	ity, town, or county) (State)	
REMOVAL	(Specify)	168 01			the second second		
			. John's Ceme		Hydes, Md.		
25A. DATE REC	D BY HEALTH DEPT.		F REGISTRAF	25G, FUNERAL PIRECTO		Salte Md. 21214	
	MAY 16 1968	Olaber 5	E, Farley M.	The other Total O * 75	RUCK, INC. E	STETT	
VS 150-REV. 1/	1/6B						



1	2 - 02	BALTIMORE CITY	HEALTH DEPARTMENT	68- 5151	
-	3-200 68-	5151 CERTIFICA	TE OF DEATH REG. NO.	00- 2131	
	NAME OF DECEASED	GOSS, AUG		1413_68	
(Ту	pe or Print) GOSS AL	IGUSTA M.	13MAY 1968	3 45 45 45 ASPA	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission)	
FU	LL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND		
H	STITUTION BALTIMORE CITY HO		C. CITY OR TOWN	NEIDE CITY MADE?	
1	4940 EASTERN AVE.	or TrVID	BALT IMORE	YES NO NO	
1	BALTIMORE, MD. #2	1224	E. STREET AND NUMBER	10.10.10	
5.	•	-	8. DATE OF BIRTH 9. AGE (In years 16 Under 1 Yr. If Under 24 Hrs.		
	FEMALE NEGRO WID	ARRIED NEVER MARRIED DIVORCED DIVORCED	10-01-00 lost birthday	Months Doys Hours Min.	
	LUSUAL OCCUPATION (Give kind of work 10B, K e during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
1	Domestic	9t home	GE ORG IA	U.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME ANNA		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT BALTIMORE CITY	HOSPITALS ADDRESS	
	NO	2:19-56-6111J 1	4940 EASTERN AVE	.,BALTO.,MD.21224	
	18.410,9	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTL	Υ	M Lura	475.4	
	(This does not mean the mode of dying	(A) IMMEDIATE CAU	ISE MYOCARDIAL INFARCA A CONSEQUENCE OF:	TON MINUTES	
	heart foilure, asthenio, etc. It means the d injury or complication which caused death	iseose,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Somon	CARDIO-VASC. DISEAS	E - > 20 YRS	
	DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:	20 723	
	rise to the obove cause (A) statin	g the			
	11 6 3 1	(C)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING CIP A.	BSTRUCTIVE PUL. DIS.	>10 VRS.	
ATIC	TO THE DEATH BUT NOT RELATED TO THE TER. DISEASE OR CONDITION GIVEN IN PART 1 (A)		SSIRUCITUE PULL DIS	-70 VRS.	
EIC	19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	NO 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
ER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i		60	
AL O	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	mare City, give exact lacation)	
DICA	DEATH (notify medical examiner)				
MEC	21 D. TIME (Month) (Doy) (Year) (Hot OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?		
-	(APPROX.)	Work At Work			
	22. 1 certify that (1) (this hospital) atte	nded the deceased from	19ta	19	
	that (1) last saw the deceased ali	ve an /5 ////7	19 68 and that in (my) (cor)	apinian death accurred on the date	
	and have and from the causes stated at	pave. (1) (We) (did) (did not) v	iew the bady after death.		
	23A. SIGNATURE	101		23 B. DATE SIGNED 13 68	
	TEUSSELL H H	7000/111 OFFICE Phys		13 MAY 1968	
11	23C. PHYSICIAN'S NAME Type)		23D. ADDRESS BALTIMORE CITY HOS	PITATS	
	RUSSELL D. HICKS, M.	D. DEGREE	4940 EASTERN AVE. BALTO.	.MD. #21224	
24/	REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE		(City, town, or county) (State)	
1	Burial 5-18-68	Mt. Calvanve	EMPTERNY ANNE ANIII	vdel Co. Md.	
25/		AME OF REGISTRAR	25C PUNERAL DIRECTOR	ADDRESS	
	MAY 1 9 1968 OP. C.	ent E. Farbura	Kandoleh Gollick 9.	4316. Oliva St.	
VS	150-REV. 1/1/68				

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K Bush

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VS 150-REV. 1/1/68

BIRTH NO.	00	BALTIMORE CIT	Y HEALTH DEPARTMENT		68 51 EQ
	09.	5152 CERTIFICA	ATE OF DEATH	REG. NO.	68 5152
I. NAME OF DEC		CERTITIE	AL OI DEATH		
Type or Print)	EASED	Caru	2. DATE ANI	HOUR OF DEATH	8:- 1
E	IZAGE TH!	SEIDEN OUNTE	XX MAY	15,1968	8:∞A
B. PLACE IN BAL	IMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	A. STATE B. COUN'	ry deceased lived. If ins	titution: residence before admissia
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTITUTION GIVE STREET	Merdani	1 Balte	6 53-00
OSPITAL OR	ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
7#	E UNION M	EMORIAL HOSPITAL	LUTHERUILI	5	YES NO NO
11./ 33	3 + CHIVE	RT STS.	E. STREET AND NUMBER		
TT BA	2/4 IMONE A	1AMANA 21218	FAIIS ROX	20	for the party and the
SEX	6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	If-Under 1 Ye - If Under 24 H
	and the second second	WIDOWED DIVORCED	4414	ost birthdoy)	Months Doys Haus Min.
EMA IR	THE PARTY OF THE P	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNT
	vorking life, even if retired)	ou all of the second of the se			
DUSEN	IFE	Own Home	PENNS YLUX	NIA	U, S, A.
FATHER'S NA	AE		14. MOTHER'S MAIDEN NAM	A E	
Henry	12-11-1		Helen Boie	NOW XXXXXXX	
Was Deceased	Ever in U. S. Armed Force (If yes, give wor or dotes	s? 16. SOCIAL	17. INFORMANT	/	ADDRESS
es, no oi unknown)	(If yes, give wor or dotes	of service) SECURITY NO.	, Ça	ry FA	11s ROAD
No			Mr. MILES CH	KEY LU	THEN UILLE, MANYA
18.571	0 1	CAUSE OF DEA	тн		BETWEEN ONSET AND DE
	E OR CONDITION DIRE	CTLY	Ý.	/	
	LEADING TO DEATH	(A)IMMEDIATE CA	AUSE Valumee	s curles	is of live
	of meon the mode of d	lying, e.g., DUE TO, OR A	S A CONSEQUENCE OF:		
	osthenio, etc. II meons the plicotion which coused d				
	ANTECEDENT CAUSES				
DISEASES	R CONDITIONS, if on	(B) DUE TO, OR A	AS A CONSEQUENCE OF:		
rise to the	obove couse (A) s			2 .	-)
UNDERLYING	CONDITION lost.	(C)		('_;; t<	
581.1	H				
	ICANT CONDITIONS CONT H BUT NOT RELATED TO THE				
DISEASE OR C	ONDITION GIVEN IN PART	1 (A).	TAA		
19A. DATE OF	OPERATION 198. CONDI	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED
NON	8		YES		
OR CONTRIBL	IT WAS UNDERLYING THE	home, farm, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	: City, give exoct location)
	medical examiner	etc.)			
	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
21 D. TIME					
2		While At Not Wi			

Balt.

HOLDER LINE PRAIMANN STATE FALL ROAD

FEMALE CASCARNA

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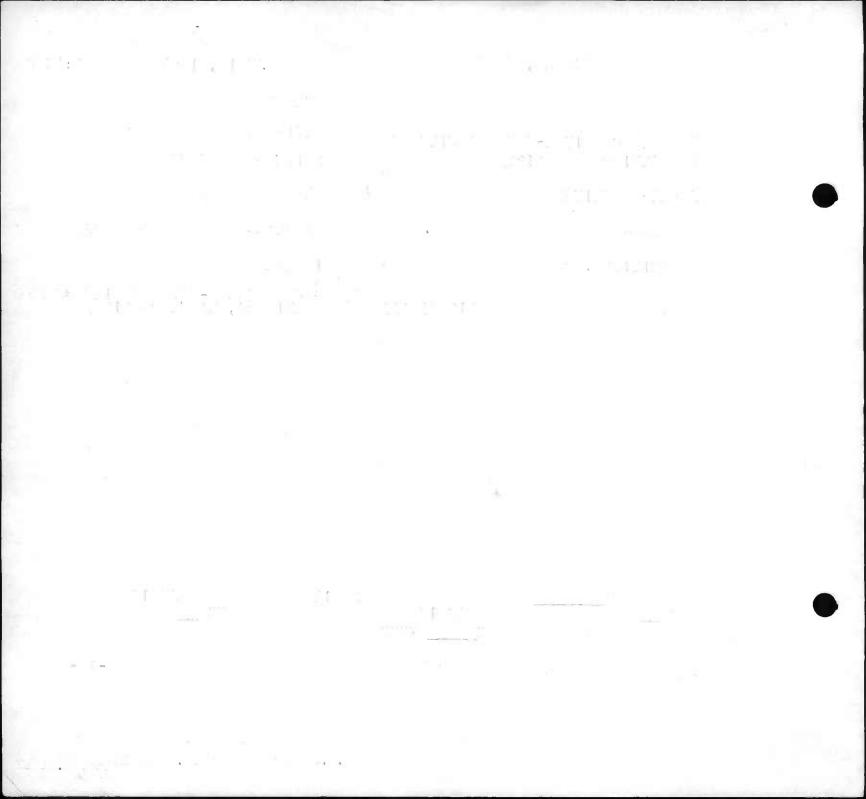
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William H. Games - Strong

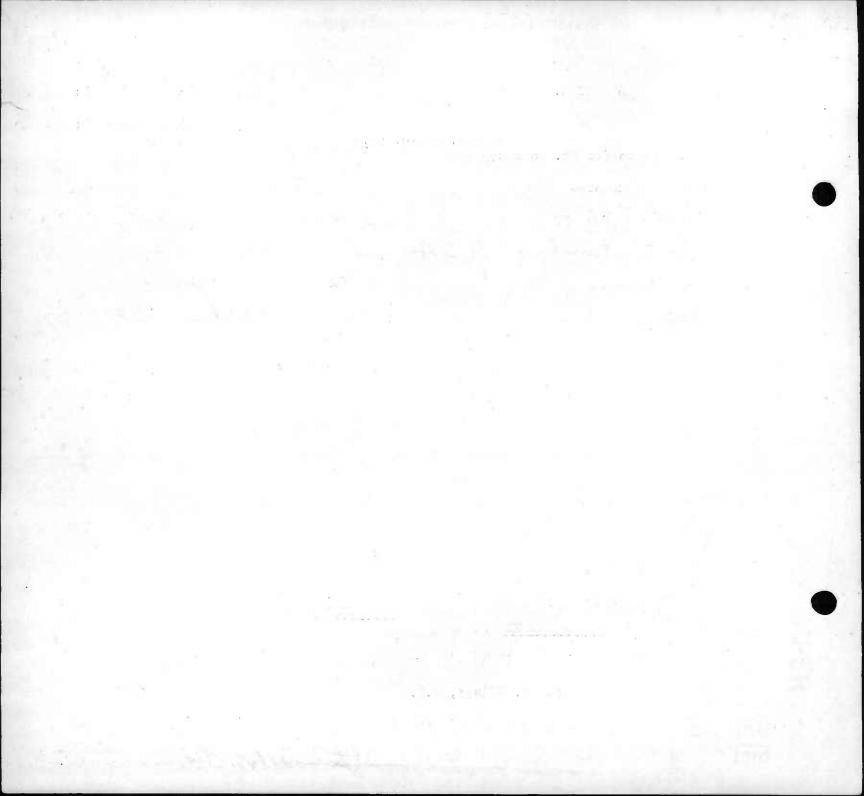
	BALTIMORE CITY HEALTH DEPARTMENT
RID	1 NO. 68- 5153CERTIFICATE OF DEATH
1. N	ME OF DECEASED OF Print) BECHMAN, MARY M 2. DATE AND HOUR OF DEATH MAY 15, 1968 3:45 PM
3.	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FU HC	NAME OF ADDRESS OR LOCATION) NAME OF ADDRESS OR LOCATION) NAME OF ADDRESS OR LOCATION) MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?
25	AGNES HOSPITAL-CATON & WILKENS BALTIMORE 21228 YES NO
A	E BALTIMORE MD 21229 98 SMITHWOOD AVENUE
5. 5	Markey Mar
	EMALE WHITE WIDOWED DIVORCED 4 22 92 /6
	JSUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) BOOKKEEPER CLOTHING MFG. MARYLAND 12. CITIZEN OF WHAT COUNTRY:
13.	ATHER'S NAME 14. MOTHER'S MAIDEN NAME
	PHILLIP J. BECHMAN MARY WINKLER
15. (Ye:	No Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY No. 212 03 2337 17. INFORMANT ST AGNES RECORDS—CATON & WILKENS AVE BALTIMORE, MARYLAND 21229
EDICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the made of dying, e.g., nearl failure, asthenia, etc. If means the disease, nipury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) CLUMBE GALLER DUE TO, OR AS A CONSEQUENCE OF: (C) DUE TO, OR AS A
MEDI	OF INJURY APPROX.) While At At Wark At Wark
24/	2. I certify that (1) (this haspital) attended the deceased fram MAY 14 19 68 to MAY 15 19 68
	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) BURIAL 5/18/1968 Holy Redeemer Baltimore, Maryland
25/	DATE REC'D BY HEALTH DEPT. 1258. NAME OF REGISTRAR 250-FUNERAL DIRECTOR Sons Co. 4905 To Mad 21212



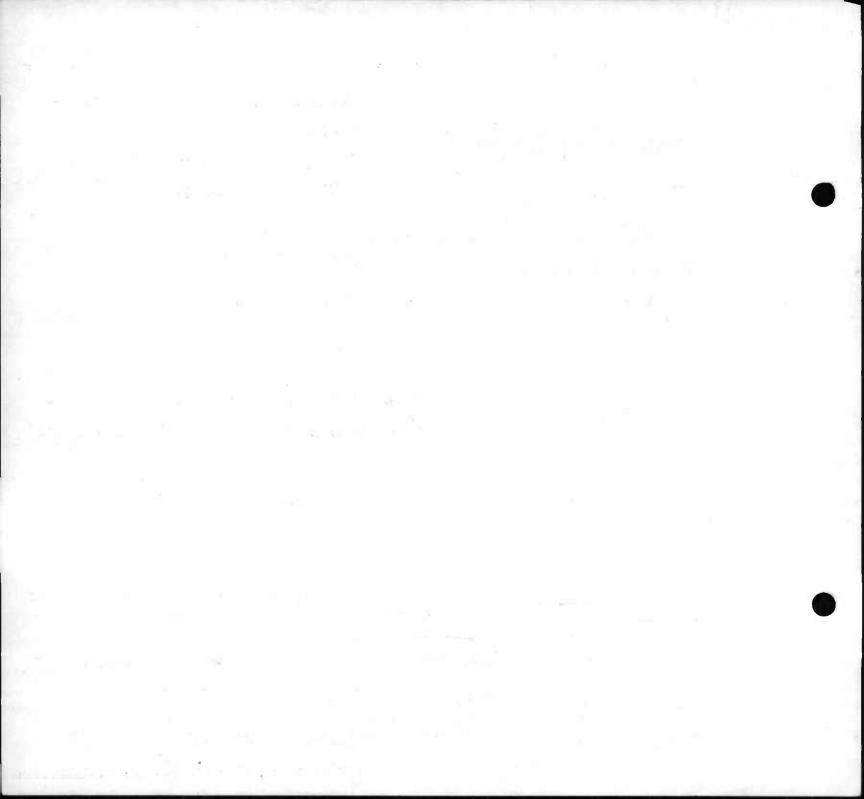
B-200

68- 5154 BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATE OF DEATH REG. NO.	68- 5154
BIRTH NO. 1. NAME OF DECEASED	2. DATE Known Se Month Day	V 6.
(Type or Print)	OF	Year Hour
ROBERT L. BASS	DEATH Estimoted 5 13	68 2:30 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy PRONOUNCED DEAD	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	May 13	1968 2:30 a M.
1000 W. Balto.	1409 and F.	100%
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
	1 Butiman 20	YES NO D
Male Colored WIDOWED DIVORCED 9. DAIE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	E. STREET AND NUMBER	TES ENO L
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	9409 anna	
north tardina WHAT COUNTRY?	Sidney Boso S	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTI done dyring most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18 INFORMANIT	ADDRESS
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown)(If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT	ADDRESS
no	Neyword Olass-0	Lyoy Cenna o
19. 48 6 X I CAUSE OF DE.	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	V.	
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE DUE TO OR	CAUSE Pneumonia	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED	21. AUTOPSY? (Yes or No)
0/2		
UINDERIVING TOP CONTRIR home, form, foctory, street, off	i., in or obout 22C. WHERE DID (If in Boltimore City, give e lice bldg., etc.)	xoct locotion)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NO	DI WHILE WORK	
23.	utopsy XX and that on this basis, death in m	v oninion
resulted from: Natural causes A Accident Suici		
resulted from: Natural causes KAP Accident Suic		
ACTUAL SOLLAND & WIRE	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	5/10/60
NAME (Type) Edward F. Wilson, M.D.	V - CREMATORY	5/13/68
24A. BURIAL CREMATION 24B. DATE 24C. NAME of CEMETER' EMOVAL (Specify) 5 16 2 8 Mf Aut	Y or CREMATORY 24D. LOCATION (City, 10)	wn, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	28C. FUNERAL DIRECTOR	ADDRESS
MAY 18 1968 Reliable Failing	Dunells. Oden	- Saltim
VS 151-REV. 1/1/68		



	CO FAFE BALTIMORE CITY HEALTH DEPARTMENT CO FAFE
	68- 5155 CERTIFICATE OF DEATH
	BIRTH NO. 1. NAME OF DECEASED 12. DATE AND HOUR OF DEATH
	(Type or Print) + 1000 co T co 1 110 MANY
	3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OF TOWN IN INSTITUTION OF STREET OF TOWN IN INSTITUTION OF TOWN IN INSTITUTION OF STREET OF TOWN IN INSTITUTION OF TOWN IN INSTITUTION OF STREET OF TOWN IN INSTITUTION OF STREET OF TOWN IN INSTITUTION OF STREET OF TOWN IN INSTITUTION OF TOWN IN INST
	INSTITUTION D. HOSIDE CITY ELIMINATION
	OUNIVERSILY HOSPILAL E. STREET AND NUMBER
	DT 41 STORY
00	S. SEX 6- RACE 7. MARRIED STATE OF BIRTH 9. AGE (In years If Under) Yr. If Under 24 His.
mad	MARKIED CINEVER MARKIED I lost birthdoy Months Doys Hours Min.
15	
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIR/HPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	CREdit Clerk Standard Garment Maryland USA
050	13. FATHER'S NAME
S	David Shipley 9/cie Diese
	15. Was Deceased Ever in U. S. Armed Forests? 16. SOCIAL 17. INFORMANT ADDRESS
tınaı	(Yes, no or unknown) (If yes, give wor or doller of service) SECURITY NO. 215 34 9618 HOSP RECORD
0	BETWEEN ONSET AND DEATH
O	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Ē	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE CANDIO - VASCULAR COLLAPSE 1 days
palmed	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)
E	
	DISEASES OR CONDITIONS, if ony, giving (B) Mika + HOMIC Valvular heisons 10 yrs. DUE TO, OR AS A CONSEQUENCE OF:
are	State of Sta
ns	UNDERLYING CONDITION lost. (c) Kheumalic Heart Disease 25 yrs
Da	2 4/0 X 11
67	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
0	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
before the remains	WAS PERFORMED TO IN CERTIFYING CAUSES OF DEATH?
re	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
9	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
	U ,
ed	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
ained	While At Work
þ	22. I certify that (1) (this haspital) attended the deceosed fram 25 April 1968 to 14 May 1968.
0	that (1) (we) last sow the deceased alive on 14 May 1965 and that in (my) (our) opinion deoth occurred on the date
l be	ond hour and from the gausse stated oboye, (I) (We) (did) (did nat) view the body ofter death.
must	23A. SIGNATURE ////
	Attending Med. Staff Director Phys. 14 MAY 68
0	23C. PHYSICIAN'S 23D. ADDRESS
0	MAME TYPE AND DEPOSITE MA
approval	DEGREE WMO. 1903 P. DOLL OF MALE A CEMPTER WITH THE AND A CONTINUE OF THE AND A CEMPTER WITH THE ADDRESS OF THE AND A CEMPTER WITH THE ADDRESS OF THE A
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
written	burial 5/17/68 Simud Killinga. ViRewille, Ville
ŧ	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAL 25C, FUNERAL DIRECTOR Md. 21133
}	MAY 1 1968 2 2 toler Loring Byers, 8728 Liberty Rd; Randallstown
	We led nev 1/1/4



68- 5	450 BALTIMORE CITY	HEALTH DEPARTMENT		00 5450			
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	68- 5156			
M.E. CASE NO.			D. HOHA OF BEATH				
1, NAME OF DECEASED (Type or Print) PEGGY	HOO PER	5/1	7 6 P	¥ 10			
PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If institution	an: residence before admission)			
FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAND	0 -				
HOSPITAL OR oddress or location) INSTITUTION	, ,	C. CITY OR TOWN (If out	side city limits, write RUAL	ond give township)			
44		BALTIMOI					
UNION MEMO	ORIAL HOSP	11	urol, give location)	Rotan			
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF, BIRTH	AGE (In years If I	Jnder 1 Yr. , If Under 24 Hrs.			
F W WIDE	NED, DIVORCED (specify)	1/2/39	ost birthdoy 29 Mor	oths Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA OE (State or foreign	gn country) 12.	CITIZEN OF WHAT COUNTRY?			
one during most of working life, even it retired)	usuile	N. CARI	DLINA	USA			
3. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	AE				
ELLER ARL	755	AREE	ELLER				
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown)(If yes, give wor or doles of serv	ice) 1 6. SOCIAL	17. INFORMANT		ADDRESS			
ME	136-30-743	MR HOME	R HODPEI	P deceased			
11B. 090 X 1	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		erraine	45 000				
LEADING TO DEATH (This does not meen the made of dying,		FELTIOUS	TEPHILI	is 3 week			
heart lailure, asthenia, etc. It means the disc							
	injury or camplicolian which coused death.)						
	ANTECEDENT CAUSES (B) DUE TO						
DISEASES OR CONDITIONS, il any, giving rise ta the abave cause (A) stating the (C)							
UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONTRIBE							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE						
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?			
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or about 21 C WHERE DID	(If in Rolliman Cit.	, give exact locotion)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, etc.)		ti iii bollimore City	, give exect tocomen/			
U	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY (APPROX.)	While At Not Whi						
	Work Al Work	00130	, 68, me	an 7 68			
22. I certify that (1) (his haspital) attend	Cha a. A			19 6 4			
that (I) (we) last sow the deceased alive			of in (my) (our) opinion	death occurred an the dot			
ond haur and fram the causes stoted abar	ve. (1)((We) (did) (did nat)	view the bady after death.	22.0	DATE SIGNED			
E - a l'ha	M.D. At	ending Med. Director		elalia.			
23 C. PHYSICIAN'S	Ph	23D. ADDRESS	Stoff Phys.	11/68			
NAME (Type) ENRIQUE CIP	RIANI MD.	3 THE UNIO	MEMORIAL	HON IPTAL			
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY OF CE	EMATORY 1240 14	CATION (City, to	wn. or county) (Stote)			
REMOVAL (Specify)	bhan 1 mi-	and the	and Ileal	I am I (Stole)			
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	CISC FUNERAL MIRECOON	vec, Hayr	ADDRESS			
MAY 17 1968 OR O.	1 2 Failure	25C. FUNERAL DIRECTOR	Farelon.	BOMAIN WILL			
'S 150-REV. 1/1/65	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			121018			

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WHICH WHARED 1/2/39 29

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Enrique Ciprimin 38 and Colors of

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68- 5157 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REGINO. 08 5157
BIRTH NO.	REGITO.
1. NAME OF DECEASED	2. DATE Known XX Month Doy Year Hour
(Type or Print) HOWARD DEWITT WILT	OF DEATH Estimoted □ 5 12 68 7:30 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	May 12 1968 7:30 p.M.
	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
58 University Hospital	Maryland Carroll
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	IC. CITY OR TOWN
WIDOWED TO DIVORCED TO	New Windsor
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.	E. STREET AND NUMBER
lost birthdoy) Months, Doys, Hours, Min.	R.D. 1
Mar. 12, 1908 60	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland U.S.A.	John D. Wilt
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired)	Pearlie A. Franklin
Farmer 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	183 David Ave.
No 215-36-815	Mrs. Nora B. Wilt Westminster, Md.
19. CAUSE OF DEA	
Crancioc	erebral Injuries complicated by
DISEASE OR CONDITION DIRECTLY Bronchop	neumonia
(A)IMMEDIATE (CAUSE AS A CONSEQUENCE OF:
heort follure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W. 4-22-68 Subdumo 1. Hometan	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL CITTHOS	sis of L ^I ver
DISEASE OR CONDITION GIVEN IN PART 1 (A).	270 OI E-ACI
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
5 4-22-68 Subdural Hematoma	125
	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB. UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office a contribution of the contri	te bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	moo. 27, boach of Weschillscel
OF INTURY	22F. HOW DID INJURY OCCUR?
(ABBBOY) 4 6 68 22 WHILEAI TO NOT	WHILE Limb of tree struck head
23.	
I certify that I held on Inquiry Inspection Au	ond that on this basis, death in my opinion
	de Homicide Undetermined monner
resofted from: Noticity courses Accident 25	
ACTUAL (1 11 1 1 1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE World V Kunt M.E	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.	5/13/68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Daniel 3	Wallow Cannall Co Ma
Burial 5/16/1968 Pleasant	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
WAY 17 1968 10 0 1 2 starley	G. M. Weltz, Box 241, Sykesville, Md.
NG NO BOY 10 (4)	
VS 151-REV. 1/1/68 N 8 5 2, 0	

-3-2-14 F2D)

at

25A. DATE REC'D BY HEALTH DEPT.

body 0.0

shows: SD M

death of death Deceased

no

ance

(2) COUSe

50; attend

BALTIMORE CITY HEALTH DEPARTMENT 68- 5158 CERTIFICATE OF DEATH REG. NO. BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) GEORGE FREDERICK KOHL May 14, 1968 10:30 p. eath. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Md., 21205 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C CITY OR TOWN INSIDE CITY LIMITS? Baltimore YES X prior E. STREET AND NUMBER Johns Hopkins Hospital 5008 E. Eager St made. 6. RACE 8. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. MARRIED X NEVER MARRIED Months Doys Hours lost birthdoy) 10/8/1902 male white WIDOWED DIVORCED 65 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Carp-Electrician Connelsville, Pa. Care Homes 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Minna Penzler George Kohl 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) or final SECURITY NO. 192-09-7181 Ethel Harman Kohl, wife, above no CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) EB ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoling the UNDERLYING CONDITION IOSI. mains 420. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At F (APPROX) Al Work 22, I certify that (1) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an.. and that in(my) (aur) apinion death occurred on the date ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Director L Phys. approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) Dr 2601 E. Monument Street 24C. NAME of CEMETERY OF CREMATORY deceased written ap 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 5/18/68 Burial Old Springhill Cemetery Easton, Md.

25B. NAME OF REGISTRAR

himunek Funeral Home, I 2601 E. Madison Street

ADDRESS

Inc.



Such

	BALTIMORE CITY HEALTH DEPARTMENT				
	BIRTH NO. 68- 5159 CERTIFICATE OF DEATH				
		NABAUGH	5/14	HOUR OF DEATH	nstitution: residence before admission)
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNT	OWARD	21043 SIDE CITY LIMITS?
	33 The Johns Hopkins	Hospital	ELICETT CITC		YES NO X
	F 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RIED NEVER MARRIED DIVORCED DIVORCED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)		11. BIRTHPLACE (Stote or foreign Baltimore, M		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
	Christopher Vetri 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dotes of serv	Elvira Roggio 17. INFORMANT 679 Bangert St. White Marsh, Md. 21162 Josephine Bartko, sister,			
	18. 199,0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	STATIC ADEN	2	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disinjury or compilation which caused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	RIMARY	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, g risa la the abave cause (A) slating UNDERLYING CONDITION last.	· · · · ·	A CONSEQUENCE OF:		
	799, 2 II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C, WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work 21 Month At Work 21 Month At Work 21 Month At Work 22 Month At Work 22 Month At Work 23 Month At Work 24 Month At Work 25 Month At Work 27 Month At				
I	22. I certify that (this haspital) attend that (we) last saw the deceased alive	A		9 68 ta	NAY IX 1968 of the date
	and haur and from the causes stated aba	O U.D. AHO	anding Med.	Shaff A	238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) NAME (Type)	ENGEL M.D.	23D. ADDRESS	Phys. IQ	HOS DITAL
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 5/18/68	Loudon Park C	emetery B	altimore,	City, town, or county) (State) Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RECHTRAR 25C. FUNERAL DIRECTOR FUNERAL Home, Inc. 3331 Brehms Lane VS 150-REV. 1/1/68					lome, Inc.

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69 5	68- 5160 BALTIMORE CITY HEALTH DEPARTMENT REGINO 68- 5160			
	CERTIFICA	TE OF DEATH REG. NO	00 0100	
BIRTH NO.	ATL			
0.1.1	FFERSON BENTO		68 5:40 Pm.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	Il institution: residence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	27	INSIDE CITY LIMITS?	
ST AGNES HOSPITAL-CAT	ON & WILKENS	XXXXXXXXX	YES NO X	
AVE BALTO MD 21229		5139 WEST LAND BLVE		
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.	
MALE WHITE WIDOW	WED DIVORCED	9 25 05 62		
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	EPT DEHMOTOR	MARYLAND	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
CHARLES B. McB	ee	Daisy	Smith	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of serv		17. INFORMANT ST AGNES RECORDS-	CATON & WILKENS AVE	
NO	212 05 959 CAUSE OF DEAT	BALTIMORE, MARYLAN	APPROVIMATE INTERVAL	
DISEASE OR CONDITION DIRECTLY	DISEASE OR CONDITION DIRECTLY CARDIO VAS EN LAR COLLAPSE. BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A) IMMEDIATE CAL	SE		
heart failure, astheria, etc. It means the dise	(This does not meen the made of dying, e.g., head foilure asthering etc. It means the disease.			
injury ar camplication which coused death.)	MIDEA	RDIOPATHY		
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, it ony, gi	ving DUE TO, OR A5	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION (est.	the Prosect	sive muscular Dysta	otu	
= 1 / / /	(0)	ti. M. St. Market and the special and the spec		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMI				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED	
19A. DATE OF OPERATION WAS PERFORMED		NO IN CERTIFYING	CAUSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, farm, foctory, street, of etc.)	n or obout 21C. WHERE DID (If In Bolifice bldg., INJURY OCCUR?	ltimore City, give exact location)	
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
S OF INJURY	While At Not While			
(APPROX.)	Work At Work			
22. I certify that (1) (this haspital) attend	ed the deceased from A	PRIL 19 19 68 to	MAY 15 19 68.	
that (X) (we) last saw the deceased olive	on MAY 15	19 68 and that in (my) (aur)	apinian death occurred on the date	
and haur and from the causes stated above	re. (1) (We) (did) (did not) v			
23A. SIGNATURE	10		23 B, DATE SIGNED	
Alianolidanie	Atte	ending Med. Staff Staff Phys.	05 15 68	
23C. PHYSICIAN'S	DEGREE Phy	23D. ADDRESS CATON C MILITAR	09 19 00	
NAME (Type) ALE (HNDRO MESIA	NOLD DEGREE	ST. Agues Hospi	NS AVE-BALTO MD	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	C. NAME OF CEMETERY OF CRI	EMATORY 24D. LOCATION	(City, town, or county) (State)	
5-18-1968	Loudon Park Ceme	etery Baltimore	e, Maryland	
Dullal	ME OF REGISTRAR	25G. FUNERAL DIRECTOR	ADDRESS	
MAY 17 1000 A	0 4 0 T. 0			
WAI 1 (1900 ())	Sent E. Jakey	Howard H. Hubbard, 410	or withens ave. 21229	
VS 150-REV. 1/1/68				

T () AS CELLED STATE OF THE STATE OF Light of the fight of Victor Casti as a second of the secon

RELEASED

. . . was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance on the deceased prior ta death); and (6) No physician was in regular attendance an the deceased prior ta death. Such written approval must be abtained before the remains are embalmed ar final dispasition is made.

the body was released to the hospital by a medical examiner. Alsa, if the direct or cantributing cause af death shaws: (1) An accident af any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a haspital and

BALTIMORE CITY HEALTH DEPARTMENT 68- 5162

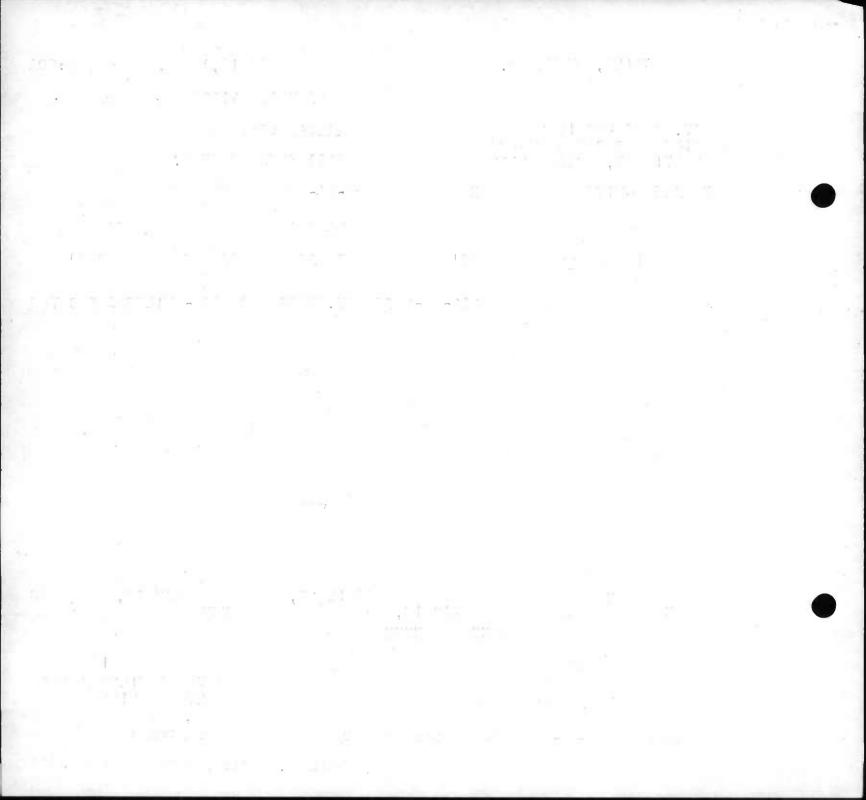
NO.	68	5162
NO	(3()	ULDG

BIRTH NO.	CERTIFICA	TE OF DEATH	00 0102
1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) BECK, THEODORE M.		MAY 15,1968	10:35 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If i	nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)		MARYLAND 21223 C. CITY OR TOWN D. INSIDE CITY LIMITS?	
ST. AGNES HOSPITAL			YES NO NO
40		BALTIMORE TE. STREET AND NUMBER 1735 COLE STREET	1-09
5. SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Manths: Days Hours Min.
MALE MILITE	WIDOWED TO DIVORCED	09-29-01 lost birthdoy) 66	Months Days Hours Will.
IOA. USUAL OCCUPATION (Give kind of work]			12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Retired Machinist		MARYI AND	LICA
		MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
THOMAS J. BEC	K	MINNIE H. DENNIS	
S. Wos Deceased Ever in U. S. Armed Force (Yes,na arunknawn) (If yes, give war ar doles	s? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	705-05-092	6 ST.AGNES RECORDS WI	LKENS & CATON AV
18. / / 5 /	CAUSE OF DEAT		APPROXIMATE INTERVAL
1 (act)			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	Illin	noval caquex12	
IThis does not mean the mode of d	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means to	he disease,	A CONSEQUENCE OF	177
	7	our no tod un to tacio	135
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ar			
UNDERLYING CONDITION last.	(c) 59 40	ello Left fung -	
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OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL		
19A. DATE OF OPERATION 19B. CONDIWAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, o	in or obout 21 C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?	re City, give exact location)
U	(11)	21F. HOW DID INJURY OCCUR?	
21 D. TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	(Haur) 21 E. INJURY OCCURRED While At Not Whi Work At Work	le 🗂	
22. I certify that (() (this hospital)	ottended the deceased from	APR L 13. 1968 to M	AY 15. 1968.
that (X) (we) last sow the deceased	glive on MAY 15	19 68 and that in (my) (aur) op	
			man deam occurred an the date
ond hour and from the couses state	d obave. XIX(We) (did) (規模 次次)、	view the body after deoth.	Lean DATE CLONED
23A. SIGNATURE	engie bel Ath	ending Med. Shaff	5-15-68
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	,- 00
ALEIAND 190	190/14 . 19D DEGREE	stagnes Hospital.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CR		ity, tawn, or caunty) (Stote)
Burial 5-18-196	Houdon, Lake Ochie		
	58. NAME OF REGISTRAR	25G. FUNERAL DIRECTOR	ADDRESS
MAY 17 1968 (lub E, tarbuja	Howard H. Hubbard, 4107	Wilkens Ave. 21229
VS 150-REV. 1/1/6B			

• • • • • THE RESIDENCE

1		
G-640		68
26.000	BIR	TH NO.
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al and death ceased on the	(1yr	GRILL. MYRTLE
± 0 0 0 5	3. 1	PLACE IN BALTIMORE, MARYLAND, WHER
	HO	LL NAME OF (IF NOT IN HOSPITAL SPITAL OR ADDRESS OR LOCATION
2 S S S S S S S S S S S S S S S S S S S		ST. AGNES HOSPITAL
E 88 = 1	0	WILKENS & CATON AVE
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occurre ontribut ermined regular eased p	_	EX [6. RACE [7.
a diring	1	EMALE WILLTE
occount reg		
eath occurred in or contributing indetermined cause in regular attaches deceased prior ition is made.		USUAL OCCUPATION (Give kind of work 108 eduring most of working life, even if retired)
to be a point		Housewife
f de oct o was was the consistence oct o	13.	FATHER'S NAME
iner or his assistant if death occurred in ner. Also, if the direct or contributing acture of any kind; (4) Undetermined cau pronounced death was in regular attendance on the deceased prior mbalmed or final disposition is made.		BENJAMIN DOWELL
ant dir dir on on I dis	15.	Was Deceased Ever in U. S. Armed Forces
Sistant the di kind; death nce on final di	(Yes	s, no or unknown) (If yes, give wor or dates of
fird A b off	N	U
O Sat year		18.412441250.9
f o, o den		DISEASE OR CONDITION DIREC
IMPORTANT or his assistant Also, if the dir. e of any kind; (nounced death attendance on		LEADING TO DEATH (This does not mean the made of dy
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ECTC xamii xamii y A fro who regu		ANTECEDENT CAUSES
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FUNERAL DIRECTOR: The chief medical examiner By a medical examiner. The control of the physician who prophysician was in regular over the remains are emba		rise to the abave cause (A) sta UNDERLYING CONDITION last,
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VERA nief me a mec ody bu ne phy sician	0	19A. DATE OF OPERATION 19B. CONDITION
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FUNERAL DIRECTOR: proved by the chief medical examiner. The hospital by a medical examiner. Body burns; (3) A fracture the physician who province to the physician who province the companies of the remains are emball	AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)
W.F. e.	MEDICAL	21D. TIME (Month) (Doy) (Year) (H
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ppro the any obt		22. 1 certify that ऄ() (this haspital) a
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s r		23C. PHYSICIAN'S NAME (Type)
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A P P P P P P P P P P P P P P P P P P P	244	REMOVAL (Specify)
FUNERAL DIRECTOR: certificate must be approved by the chief medical examiner. body was released to the hospital by a medical examiner. ws: (1) An accident of any nature; (2) Body burns; (3) A fractu. D.O.A. at a hospital (except where the physician who proteased prior to death); and (6) No physician was in regular then approval must be obtained before the remains are emba		Burial 5-18-1968
S S S	254	A. DATE REC'D BY HEALTH DEPT. 25

BENDAM NOWELL DEC				TY HEALTH DEPARTMENT	68- 5162
Carry of Print Charles Carry C	BIF	TH NO. 68	3- 5163 CERTIFICA	ATE OF DEATH REGINO.—	00 0100
ASTATE OF A CONTINUO DE LA CONTROLLE DEC DE LA CONTROLLE DE LA COURTE DE LA CONTROLLE DES DE LA CONTROLLE DE L	Ту	pe or Print) GRILL, MYRTL] 9:20A
MILKERS & CATON AVENUE BALTIMOREMARYLAND 21229 5.528 BACE MARRIED NEVER MARRIED DECERPHORE DATE of BIRTH P. AGE ID. YOUNGED DIVORCED DATE of BIRTH P. AGE ID. YOUNGED DATE P. AGE ID. YOUNGED DATE of BIRTH P. AGE ID. YOUNGED DATE P. AGE ID. YOUNGED DATE of BIRTH P. AGE ID. YOUNGED DATE of BIRTH P. AGE ID. YOUNGED DATE of BIRTH P. AGE ID. YOUNGED DATE P. AGE ID. YOUNGED DATE of BIRTH P. AGE ID. YOUNGED DATE of BIR	FU H C	LL NAME OF (IF NOT IN HOSPI		MARYLAND 21227 Ba	altimore County
S. SEAT S. RACE	0	ST.AGNES HOSPITAL WILKENS & CATON A	AVENUE	E. STREET AND NUMBER	YES NO X
FEMALE WHITE WILDOWED DIVORCED 06 = 24 = 90 101 International Country Morning in the Country Morning in the Country Morning in the Country Mark Ma	_				If Under 1 Yr. If Under 24
MARYLAND WARYLAND WARYLA	F	EMALE WHITE	WIDOWED DIVORCED	06-24-90 lost birthdoy) 77	Months Doys Hours Min
BENJAMIN DOWELL DEC D FRANCES ARMSTRONG DEC D ADDRESS SECURITY NO. 17. INFORMANT ADDRESS ST. AGNES RECORDS - WILKENS & CATON CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., thou filling, asheno, etc.) in means the disease, injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving tise to the above causes (AI) stating the UNDERLYING CONDITION last. ANTECODORY CAUSE OF DEATH COLUMN ANTECODORY CAUSES DISEASES OR CONDITIONS, il ony, giving tise to the above causes (AI) stating the UNDERLYING CONDITION (ast.) OHER SIGNIFICANT CONDITION SCONTRIBUTING (C). OHER SIGNIFICANT CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL) DISEASE OR CONDITION (IN TOTAL ALTED TO THE TERMINAL DISEASE OF DIAM'S TOTAL ALTER TO THE TERMINAL DISEASE OF TOTAL DISEASE OF TOTAL ALTER TO THE TERMINAL DISEASE OF TOTAL DISEASE	don	e during most of working life, even if retired)			
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This dass not meen the mode of dying, e.g., heart follow, astheria, etc.). If means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tiss to the dave cause (A) storing the UNDERLYING CONDITION last. ON THE SIGNIFICANT CONDITION SCONTRIBUTING TO THE HEADING CONDITION SCONTRIBUTING CONDITION FOR WHICH OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. CONDITION FOR WHICH OPERATION 1994. DATE OF OPERATION 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH OPERATION 1995. CONDITION FOR WHICH OPERATION 1995. DATE OF OPERATIO	Υe	s, no or unknown) (If yes, give wor or dot	tes of service) SECURITY NO.		
UNDERLYING CONDITION last. (c)		DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the made at heart failure, asthenia, etc. If means injury or complication which caused ANTECEDENT CAUSE DISEASES OR CONDITIONS, it	f dying, e.g., s the disease, d death.) S any, giving (A) IMMEDIATE CA DUE TO, OR A	AUSE S'À CONSEQUENCE OF: Eleval Tecres bosis AS à CONSEQUENCE OF:	BETWEEN ONSET AND DE
OF INJURY (APPROX.) White A1 Not White A1 Not White A1 Work 22. I certify that (1) (this haspital) attended the deceased from APRI 25, 1968 to MAY 15, 1968 that (2) (we) last saw the deceased alive on MAY 15, 1968 and that In May (our) apinian death accurred on the and haur and from the causes stated abave. (1) (We) (did) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ATIO	OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO. DISEASE OR CONDITION GIVEN IN PA. 19A. DATE OF OPERATION 198. COI WAS PEI	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION REFORMED	betes Mellitus. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN CERTIFYING CALL	FINDINGS CONSIDERED USES OF DEATH?
that (A) (we) last saw the deceased alive on MAY 15 and that In my (our) apinion death accurred on the and haur and fram the causes stated abave. XIX(We) (did) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	CALC	DEATH (notify medical examiner)	etc.)	office bldg., INJURY OCCUR?	e City, give exoct locotion)
Attending Med. Director Staff Director Di	EDICAL C	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) OF INJURY	etc.) 21E. INJURY OCCURRED White At Not Wh	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5-18-1968 Loudon Park Cemetery 24D. Location (City, town, or county) Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	EDICAL C	DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (() (this haspitated that (() (we) last saw the decease	O (Hour) 21E. INJURY OCCURRED White At Not Whork At World Not Worl	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile APRIL 25 1968 to MAY 1968 and that InVMVX (our) apin	Y 15, 1968
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	EDICAL C	DEATH (notify medical examinet) 21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (()) (this haspitated that (()) (we) last saw the decease and haur and fram the causes stated that (()) (We) (We) (We) (We) (We) (We) (We)	of (Hour) 21E. INJURY OCCURRED White At Not What Work Work At	and that Invalve (our) apin view the bady after death. 23D. ADDRESS 1968 CATON & Staff 23D. ADDRESS CATON & Staff	238. DATE SIGNED 05 15 68
	EDICAL C	DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (()) (this haspital that (()) (we) last saw the decease and haur and fram the causes stated as a signature. 23A. SIGNATURE 23C. PHYSICIAN'S NAMP (Type) A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	of (Hour) 21 E. INJURY OCCURRED White At Not When the Management of the deceased from MAY 15. DEGREE PHOTOLOGICAL DEGREE 24C. NAME of CEMETERY of C	and that Inways (our) apin view the bady after death. 23D. ADDRESS 1968	238. DATE SIGNED 05 15 68 WILKENS AVE 1D 21229 ity, town, or county) (Stote

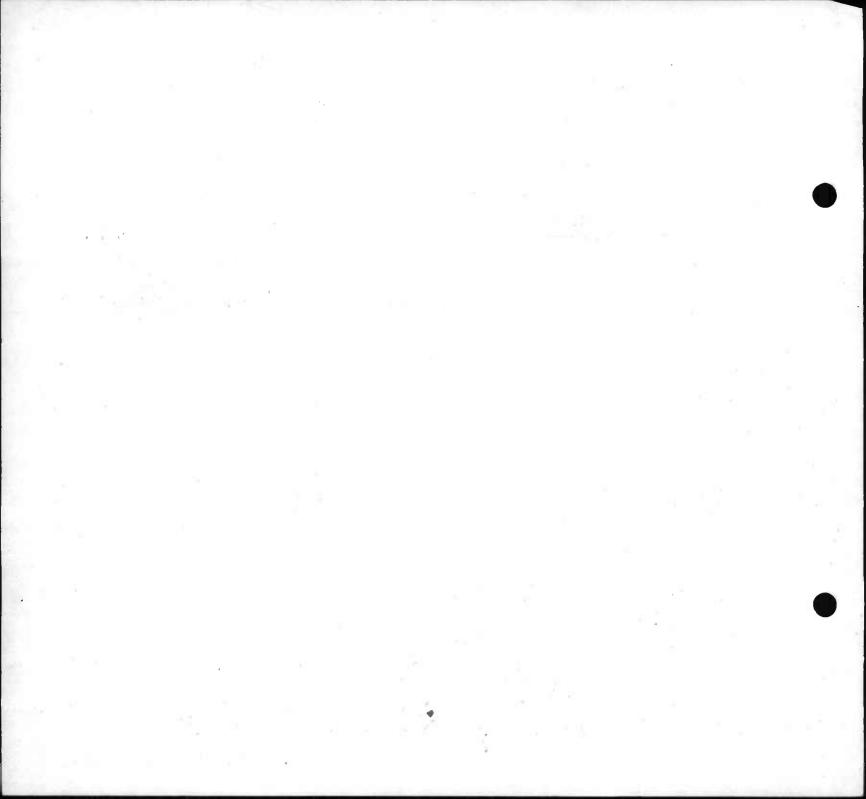


	BALTIMORE	CITY	HEALTH	DEPARTMENT
3- 516A	CEDILL	C 4 .	TE 0	E DEATI

EG. NO	68-	51	64

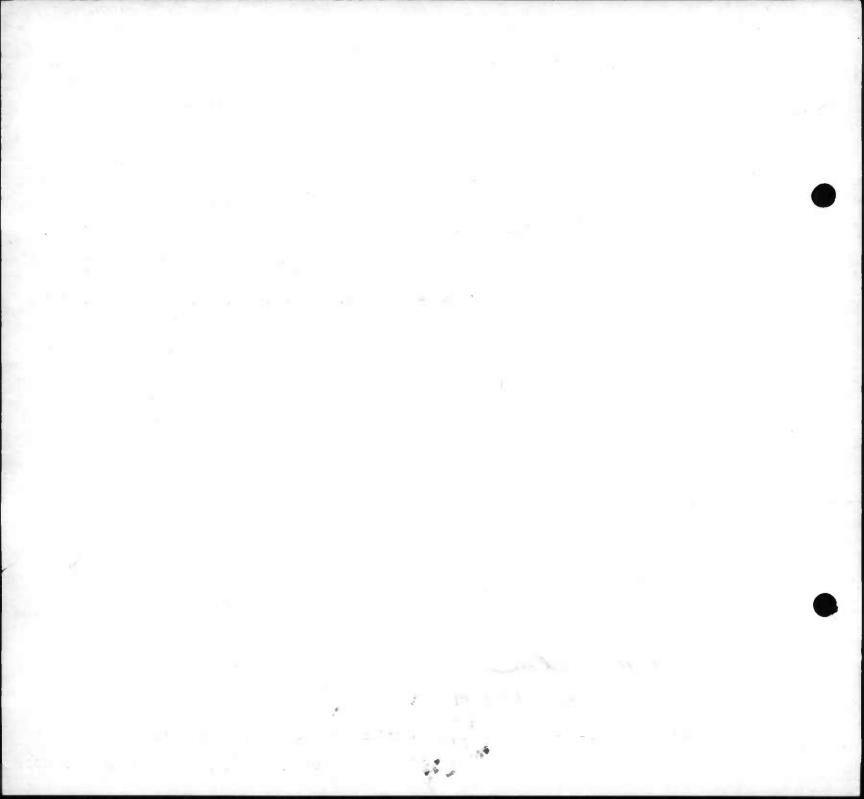
OURTH ALO	68- 5164 CERTIFICA	TE OF DEATH	REG. NO.	68- 3164
BIRTH NO. 1. NAME OF DECEASED			HOUR OF DEATH	
Type or Print uiawa	Heary Andrew	57 151	168	6:55 P.M
	AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS O	HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	1	1 08
HOSPITAL OR ADDRESS (INSTITUTION	OR LOCATION)	C. CITY OR TOWN	D. INSI	CITY LIMI S?
4.7		E STREET AND NUMBER	re	YES NO
North Chap	les General Hospita		hester	54.
5. SEX 6. RACE	7- MARRIED X DEVERONATION	B. DATE OF BIRTH 9	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
mw	DIVORCED _	4-18-91	ost birthdoy)	TVIONINS DOYS TOOKS TVIIN.
	d of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
to de constant de la constant de constant	Seipp's Sea Food	folan	d.	U.S.A.
3. FATHER'S NAME	2	14. MOTHER'S MAIDEN NAM		
Kurawa,	Stanley	Unkn	Josephine 1	rzeminsko
S. Wos Deceosed Ever in U. S. A Yes, no or unknown) (If yes, give wo		17 INICORALANIT	estasia Kuja	ADDRESS
	217-01-9133	(hart		nester Street
18. 4. 33.41	CAUSE OF DEAT	тн	. 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDIT		C /2 0-6	4.0.	E. 14de
(This does not meen the n	(A) IMMEDIATE CA	A CONSEQUENCE OF:	viongosis	
heart failure, asthenia, etc. I injury or complication which	meons the diseose,	A CONSEQUENCE OF:	infocus	n () sosel gang.
ANTECEDENT	1	Imconno.	marine & D	200 wer huter
DISEASES OR CONDITION	(B)	S A CONSEQUENCE OF:	9/9	9000 110000
lise to the obove cous	1110 8	ero ilisoslo		
3 2 2 7 11	losi. (c) 20 co			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA				
A DISEASE OR CONDITION GIVE	N IN PART 1 (A).			
	PB. CONDITION FOR WHICH OPERATION AS PERFORMED	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDER	LYING 21B. PLACE OF INJURY (e.g.,	in or obaut 21 C. WHERE DID	(If in Boltimore	e City, give exocutocotion)
OR CONTRIBUTING CAUSE	OF home, form, foctory, street,	office bldg., INJURY OCCUR?	ì	
21D. TIME (Month) (Doy)	(Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY	While At Not Wh			
	Work L At Work	2 1	68. 200	ms 15 1068
	deceased alive an	19 8 and the	4 in (mu) (mus) ania	-i
	0	and the	i inthiy/ (dur) aptr	nian death accurred an the dat
23A, SIGNATURE	ses stated abave. (1) (We) (did) (did nat)	view the body after death.		23B. DATE SIGNED
17,2000 7		ending Med.	Staff Phys.	8/15/68
23 C. PHYSICIAN'S	DEGREE Ph	ys. Director L f	Phys. Ltd	3/15/0
NAME (Type)	Hipplito MD	Worth Ch	giles be	in Upertal
24A. BURIAL CREMATION, 24B. I	DATE 24C. NAME of CEMETERY OF CE	REMATORY 24D. LO	CATION (Ci	ty, town, or county) (Stote)
	18/68 St. Stanislaus Ce		timore, Mary	3
25A, DATE REC'D BY HEALTH DE		250 FUNERAL DIRECTOR		ADDRESS
		George A. Weber	705 South	Ann Ctroot

Robert E. Frederic

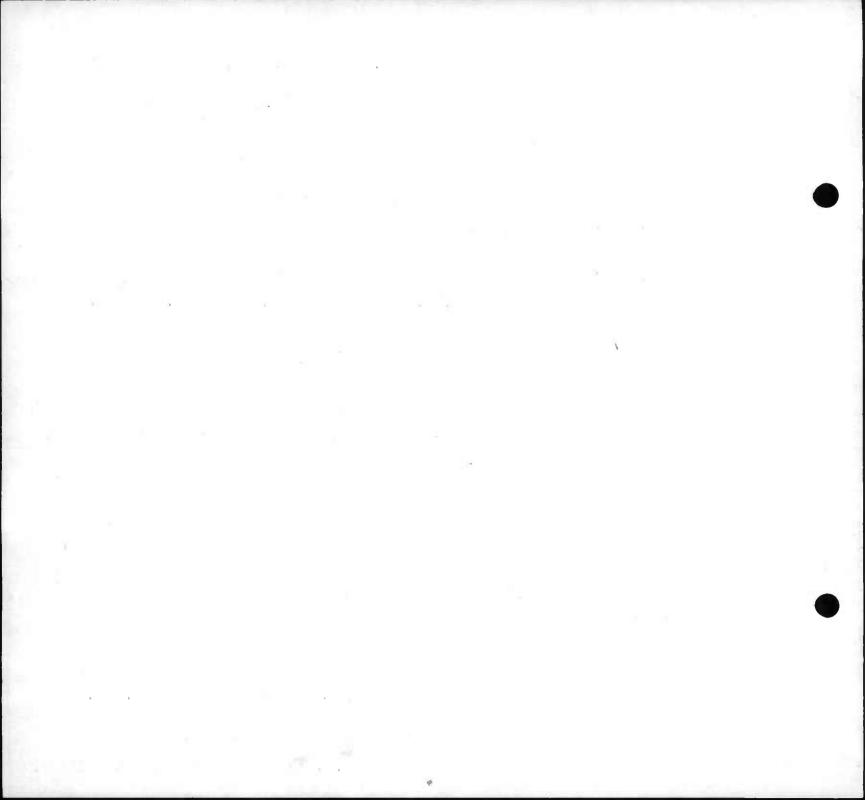


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of death shows: (1) An occident of ony nature; (2) Body burns; (3) A frocture of ony kind; (4) Undetermined couse; (5) Deceased was D.O.A. at a hospital except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death; ond (6) No physician was in regular ottendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	- 00	BALTIMORE CITY	HEALTH DEPARTMENT	TO THE STATE OF	00 5405
	bb~ 33	L65 CERTIFICA	TE OF DEATH	REG. NO	68- 5165
	H NO.	CLICITICA	TE OF DEATH		
	AME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	
	VINCENT GO		May	15,19	168 6:10 A. M. nstitution: residence before admission)
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PROJ	NOUNCED DEAD	A. STATE B. COUNT	deceased lived. If in	nstitution: residence before admission)
ELLI	LNAME OF (IF NOT IN HOSPITAL OR INS	TITUTON CIVE STREET	maryland -	2 11	
HO	SPITAL OR ADDRESS OR LOCATION)	ATTOTION, GIVE SIKEET	C. CITY OR TOWN	D_INS	IDE CITY LIMITS?
1142	IIIUIION		Baltimore	7	VE NO
12	Y		E. STREET AND NUMBER	1	GE CO
2	0			2 2 2 2 5	+
S. S	EX 6. RACE 7. MARRI	- M	8. DATE OF BIRTH 9.	agle S	If I nder 1 Vr. If Under 24 Hes
		ED NEVER MARRIED	1 10	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	nale Gaucusien WIDOW		8/22/96	7/	
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	T Molsi	ki & Son	ITaly		U. S. A.
13. [ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
				2	IInlenorm)
	JOHN COPUZZI		Sara	h	Unknown)
IS. V	Vos Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11	K No	219-01-4174	Mr. Otto Coruza	zi, 3915 Wi	lkens Ave. 21229
1	18. / (2) . /	CAUSE OF DEAT	l		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		Ventilaton	1 204 EE	ciency 7 days
	(This does not mean the mode of dying, e	(A) IMMEDIATE CAL	A CONSEQUENCE OF	1234777	i carry 1 oax 5
	heart lailure, asthenia, etc. Il means the disea	se,			3. 100
	ANTECEDENT CAUSES	^			
		(B) 6 rox	A CONSEQUENCE OF:	arcinoma	5 yrs
	DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting	3	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)			
	169/ 11				-
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
U	19A. DATE OF OPERATION 198. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFIING CA	OSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimo	re City, give exact lacation)
AL A		home, form, foctory, street, or etc.)	fice bldg., INJURY OCCUR?		
DIC					
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR!	
<	(APPROX.)	While At Not While Work At Work	е		
	22. I certify that ## (this haspital) attende	d the deceased from	nav 8 19	9 4 9 to M	1968,
11 1	that (I) (weet) lost sow the deceased alive a	_	/		
		/		i in(my) toory opi	mion decim occurred on the date
	and haur ond from the causes stated obove	. (I) (We) (did) (did 1104) v	iew the body ofter death.		
	23A. SIGNATURE	Aug	adia - Mad - S	14-H	23B, DATE SIGNED
	William Bloom	OEGREE Phy	nding Med. S s. Director P	Shaff Days.	15 max 68
	23C. PHÝSICIAN'S		23D. ADDRESS		
	NAME (Type) WICLIAM BL	-00M	11 2020 2001 +	- Har	1+1)
244	<u> </u>	NAME of CEMETERY OF CR	MATORY 24D. LO	CATION IC	ity, town, or countyl (Stote)
10	REMOVAL (Specify)				
		ost Holy Redeem		ltimore, Ma	
2SA		E OF REGISTRAR	250. FUNERAL DIRECTOR		ADDRESS
	MAY 17 1968 02.2	B & tarbenta	Howard H. Hub	bard, 4107	Wilkens Ave. 21229
VS	50-REV. 1/1/68				



	HEALTH DEPARTMENT
68- 5166 CEPTIFICA	TE OF DEATH REG. NO. 68- 5166
BIRTH NO.	
1, NAME OF DECEASED (Type or Print) ()	2. DATE AND HOUR OF DEATH
Charles Charles E.	
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE 8. COUNTY 8. COUNTY
TULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	410 Ti FRANKINI ST.
OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
NSTITUTION	BALIO. YESM NO [
MERCY HOSPITAL	E. STREET AND NUMBER
A Company	410 W. FRANKLIN ST.
CEN // DAGE	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
MAKKIED LIVEVEK MAKKIED	lost hirthday Months Doys Hours Min.
WIDOWED DIVORCED	
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
Retired Various Work	Maryland USA
	14. MOTHER'S MAIDEN NAME
FATHER'S NAME	
Marion K. Cross	Clementine Davis
. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT 3627ACEUTTleic.
es, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 212.14.2165	
18. 4 10 9 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY MUCCO	ndral inforction + 12
LEADING TO DEATH	ICE WE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENTE OF EUM ON EUM
injury or camplication which caused death.)	
ANTECEDENT CAUSES	
	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION Iast. (C) 1001 14	1 there tale heart deserved. Months
4201/ 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 2 2
TO THE DEATH BUT NOT RELATED TO THE TERMINAL 1 14 10 10 10 10 10 10 10 10 10 10 10 10 10	is, adult mset i monts
19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	fice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While	
Work At Work	
22. I certify that (1) (this haspital) attended the deceased fram	4/20 196F 10 5/14 1968
and the time implied alleged the deceased from	
	19 6P and that (n(my)) (aur) apinion death occurred on the da
that (1) we) last sow the deceased alive an 5/14	
that (1) (We) last saw the deceased alive an and haur and from the causes stated above (1) (We) (did) (did nat) v	riew the bady after death.
that (1) (We) last saw the deceased alive an and haur and from the causes stated above (1) (We) (did) (did nat) v	riew the body after death.
that (1) we) last saw the deceased alive an and haur and from the causes stated above (1) (We) (did) (did nat) v	anding Med. Shaff
that (1) we) last saw the deceased alive an and haur and from the causes stated above (1) (We) (did) (did nat) v 23A. SIGNATURE Attended Attended Physics (1) (We) (did) (did nat) v 23C. PHTSICIAN'S	riew the bady after death. 238, DATE SIGNED
that (I) we) last saw the deceased alive an	riew the bady after death. anding Med. Shaff Phys. 23B. DATE SIGNED 5/15/68 23D. ADDRESS
and hour and from the causes stated above (11) (We (did) (did nat) v 23A. SIGNATURE Attended above (12) (We (did) (did nat) v 23C. PHYSICIAN'S NAME (Type)	anding Med. Shaff Phys. Shaff 5/15/68
and hour and from the causes stated above (I) (We) (did) (did not) v 23A. SIGNATURE Atte Phys 23C. PHYSICIAN'S NAME (Type) ARRENDED	riew the body after death. 23B, DATE SIGNED 23D. ADDRESS Mercy Hospital Balto. Md.
that (I) we) last saw the deceased alive an and haur and from the causes stated above. (I) (We) (did) (did nat) v 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CRE	riew the body after death. 238, DATE SIGNED 230. ADDRESS Mercy Hospital Balto. Md. 240. LOCATION (City, town, or county) (State)
and hour and from the causes stated above (I) (We) (did) (did not) v 23A. SIGNATURE Attended above (I) (We) (did) (did not) v 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5/17/68 Winfield Churc	riew the body after death. 238, DATE SIGNED 230. ADDRESS Mercy Hospital Balto. Md. EMATORY 24D. LOCATION (City, town, or county) Ch of God Winfield, Maryland
that (I) we) last saw the deceased alive an and haur and from the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did nat) verification of the causes stated above. (II) (We) (did) (did) (did nat) verification of the causes stated above. (II) (We) (did) (d	miding Med. Shoff Shoff Shoff Staff Signed Shoff Staff Signed Shoff Staff Signed Shoff Signed Shoff Signed Signed Shoff Signed Signed Shoff Shoff Signed Shoff Si
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and eath ased the Such	BIR	TH NO.		3 010	* CERTIFICA	TE OF DEATH	KEG. NO.	
death death ceased on the Such		Pe or Print)		. 1		2. DATE	AND HOUR OF DEAT	TH CHOO TO
5 7 9 0 4	3.	PLACE IN BALT	IMORE MARYLAND.	rtle D. Lo			5-15-68 here deceased lived. If	finstitution: residence before admission)
nospite se of (5) De ance death	"	LACE III BALL				A. STATE B. CO	UNTY	~ 11
in a hospi ng cause o cause; (5) D attendance ior to deat	HO	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT	ION, GIVE STREET	MARYLAND c. CITY OR TOWN	11	NSIDE CITY LIMITS?
n a h cau use; tender		41	BALTIMORE CI	ITY HOSPIT	TALS	BALTIMORE	The san & September 1	YES NO
ed in ting d cau d cat r att prior	1	51	4940 EASTER	N AVENUE		E. STREET AND NUMBER		
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occurre ontribut ermined regular regular is made	5. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
occur ontrik ermin regul		MALE	WHITE	WIDOWED		12-16-17	50	
00-0-			JPATION (Give kind of wo working tife, even if retired)		SUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
p P p - P O		_	mstress		Mnfg. Co.	MARYLAND B	ALTIMORE	USA
if de ect o 4) Un was the sposis	13.	FATHER'S NAM	ME			14. MOTHER'S MAIDEN N	IAME	
T in a special specia		(Charles Knel	11		Mi	ldred Wohls	chlager
Stant ind; eath e on	15.	Wos Deceased	Ever in U. S. Armed Fo	orces?	6. SOCIAL	17. INFORMANT		ADDRESSID
IMPORTAN or his assistant Also, if the di s of any kind; ounced death ittendance on	li e	No No	(If yes, give wor or do		SECURITY NO. 213-12-6575	RECORDS-BCH-	4940 AEASTER	RN AVENUE, BALTIMBRE
s ass any ced ndar		18.24 7 0	, 9/		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or his of Also, is e of an incurrent med or			E OR CONDITION D			20		
			LEADING TO DEATH		(A) IMMEDIATE CAU		yoca-o	hal izrams
		heart failure,	al mean the mode of asthenia, etc. It mean	s the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	tran	
Miner miner fractu o pro gular emba		1 '	aplication which cause		0 - To	- celi-		
Xam xam ami A fr who reg			ANTECEDENT CAUSE		(B)	A CONSEQUENCE OF:	· · · · · · · · · · · · · · · · · · ·	
0 7 - 0			OR CONDITIONS, if abave cause (A)		DOC 10, 011 AD	A COMPLETE OF		140
2 (3 e : : : : : : : : : : : : : : : : : :		UNDERLYING	G CONDITION last.		(c)			
. H.S. E > C	Z	420.	/ 11	CALITROPUTATION	· olies	ity		
	ATION	TO THE DEAT	TICANT CONDITIONS CO	THE TERMINAL	. late	- about o	Light	0 -
ER dy dy dy he	O A	19A. DATE OF	OPERATION 198. CO	NDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or	No 208, IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
FUNERA The chief me by a med by a med body but the physician ore the release.	CERTIFIC	2	WAS PE	RFORMED		yes	IN CERTIFIED	YES.
FU the the al by (2) (2) ere o ph	11	OR CONTRIBI	NT WAS UNDERLYING	21 B. P	LACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Boltin	more City, give exoct locotion)
	CAL	DEATH (notify	medical examiner)	etc.)				
	MEDI	OF INJURY	(Month) (Doy) (Year		NJURY OCCURRED		NJURY OCCUR?	
oved e hos nati cept nd (6	>	(APPROX.)		While	At Work			6
bt x x y		22. I certify	that (1) (this hospit	ol) ottended the	deceosed fromk_	5 may	19 6 T to 13	19 8
and by control of the	1		last sow the decea			19and	that in (my) (aux)	opinion death occurred an the date
be a ed to nt of pital eath)		and hour and	d from the couses st	oted above. (1)	(We) (did) (did not) v	iew the bady after deat	h.	
		23A. SIGNATU	JRE		m.B.		1	23B. DATE SIGNED
5 2 2 5 0 -		Va	rdo Le	0	B-S DEGREE Phys	nding Med. Director	Staff Phys.	15 may 68
9 - 0 - 5 >		23C. PHYSICIA NAME (T	N'S			23D. ADDRESS		d
certificate body was rs: (1) An c D.O.A. at ased prio		DF	R. VANDA LEN	NON,	DEGREE	BCH-4940 EASTI	ERN AVENUE, E	BALTIMORE, MD
= > = 0 0 0	24.	A. BURIAL CRE	MATION, 24B. DATE	24C. NA/	ME of CEMETERY of CRI	MATORY 24D	LOCATION	(City, town, or county) (State)
s cert bod) ws: (s D.O sease		Buri		-68 Mon	reland Memor	ial Park 2	901 Taylor	Ave.Ba.Co., Md.
2 3 . 0 2	25	A. DATE REC'D	BY HEALTH DEPT.	258. NAME OF	REGISTRAR TO DEL AL	25C. FUNERAL DIREC	9R. 90	1 S. Conking St.
This the shown was			WAL TO 1200	Obleso	E, JONEUMA	Chroles &	teiler Bai	lto.,21224, Md.

VS 150-REV. 1/1/6B

Charles S. Jeiler

Lehader of Jailer

BALTIMORE CITY HEALTH DEPARTMENT 68-

1.1	68	5168
REG NO		03.00

BIRTH	NO.	00	JT(CERTIFICA	TE OF DEATH	H REG NO	D	
1.NAM (Type o	AE OF DECE					AND HOUR OF DE	ATH	
	RE	XROAD, Willia	am Hadle	у	May	15, 1968	th institution: res	7:30 A M.
3. PLA	CE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. CO	YNUC	1/-	1/5
FULL !	NAME OF TAL OR			UTION, GIVE STREET	West Virgin		INSIDE CITY LIA	AITS?
567	V	eterans Admii			Whelling		YES 🔲	NO 🗌
2		900 Loch Rave			E. STREET AND NUMBE			
	B	altimore, Mar	-		313 S. Peni	9. AGE (In years	If Under	1 Yr II Under 24 Hrs.
. sex	10	6. RACE White		NEVER MARRIED		lost birthdoyl	Months	
			WIDOWED		5/28/90 11. BIRTHPLACE (State or	77	112. CITIZI	EN OF WHAT COUNTRY
one du		varking life, even if retired)	Rail		Ritchie Co.,			S.A.
3. FA1	THER'S NAN	A E			14. MOTHER'S MAIDEN			
N	ewton 1	Rexroad			Bertha Eve	rly		
5. We	s Deceased	Ever in U. S. Armed Fo	ces?	16. SOCIAL	17. INFORMANT			ADDRESS
	ar unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Paganda 178 1	Hogottol F	en + i mama	Ma orone
1B.		WWI		CAUSE OF DEA	Records VA	nosprear, r	1	APPROXIMATE INTERVAL
, 0.	10	E OR CONDITION DI	RECTLY				81	ETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CA	USE CARCINOMA	OF PANCREAS		MORE THAN
		at mean the made of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF SPREAD METASTA	STS TNOT	TEART	SIX MONTHS
		plication which caused			KIDNEYS, & AD		ment,	SIX MONIUM
	A	ANTECEDENT CAUSES			•			
		R CONDITIONS, if		DUE TO, OR A	S A CONSEQUENCE OF:			
		abave cause (A) CONDITION last.	Stolling the	(C)				**********************
7	57	X II						
		ICANT CONDITIONS CO						
▼ DI	SEASE OR C	ONDITION GIVEN IN PAI OPERATION 198. CON	RT 1 (A).	WHICH OPERATION	20 A. ALITOPEY? (Yes	r Nol 208 IF YES	WERE FINDINGS	CONSIDERED
19 THE	A. DATE OF	OPERATION 1198. CON	FORMED	WHICH OFEKATION	20 A. AUTOPSY? (Yes o			EATH?
ec /	A. ACCIDEN	IT WAS UNDERLYING	7 218	PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DI office bidg., INJURY OCCU	D (If in Bo	altimare City, glve	exact lacation)
AL DE	ATH (notily	IT WAS UNDERLYING [ITING CAUSE OF medical examiner)	hon	ne, lorm, factory, street,	olfice bldg., INJURY OCCU	R?		
U	D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
5 01	PPROX.)		W	nile At Not Wh	ile 🗆			
			W	OFK LA AL AA OH	· 🗀	10 69	Mars 7544	10 60
22	. I certify	that (1) (this hospita	I) attended 1	he deceosed from Marr 15+h	March 18th	IYQQto	Hay 15th	1900
		lost sow the deceas					r) apinion deat	h accurred an the date
			ted above.	Me) (aid) laid hat)	view the bady after dec	ith.	23 B. DAT	E SIGNED
23	A. SIGNATU	RE .	11/10	raffir At	Nending ☐ Med. ☐	¬ Staff ೄ		15-68
		1	CVVC	DEGREE	ys. Director L	Staff Phys.		
23	NAME (T	ype)		/ *		LOCH RAVEN		
			AFFNEY	DEGRE		MORE, MARYI		
24A. B	URIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY or C	REMATORY 24	D. LOCATION	(City, town, a	
	Burial	5-18-1	968 Ok	albe Fark Mem	orial "ardens	Wheeling		W. Vä.
25A. C	ATE REC'D		25B. NAME	OF REGISTRAR	255 FUNERAL DIREC	COR		ADDRESS
		Wi TE 1200	What send	Ca) Arrange and	Lassahn Fu	neral Home	7hOl Bela	air 21236

VS 150-REV. 1/1/6B

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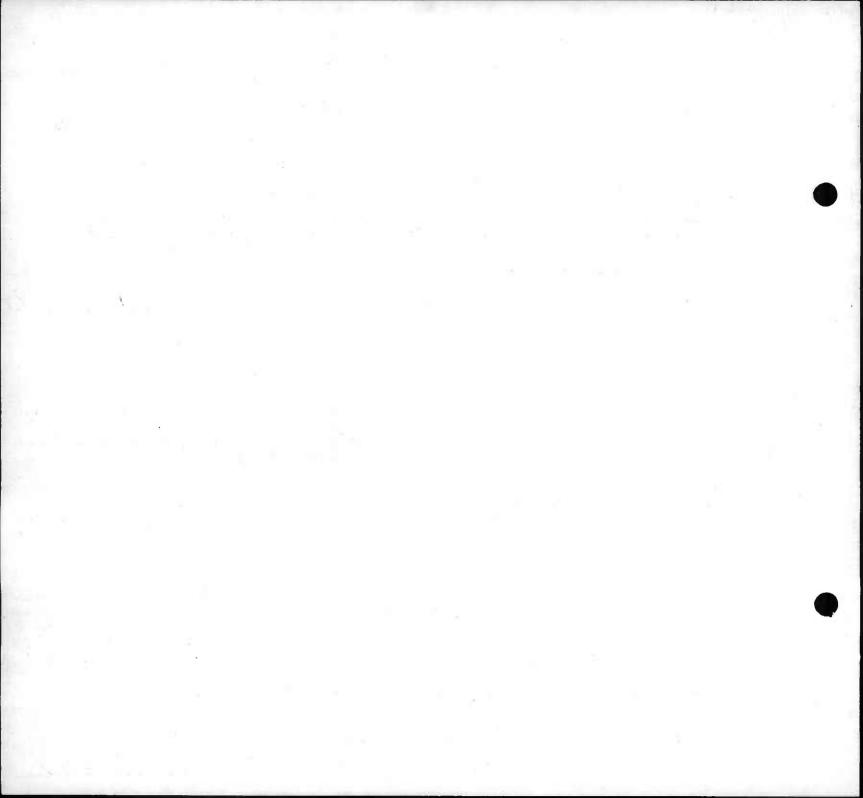
VS 150-REV. 1/1/68

>	68- 5169 BALTIMORE CITY HEALTH DEPARTMENT 68- 5169
-	68- 5169 CERTIFICATE OF DEATH REG. NO. 68- 5169
	BIRTH NO.
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	W///am MOP/achel, Up. 3-14-68 /.43/.m.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Many la Nd #2/230.
	HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?
	Baltimore OVEN NOD
	E. STREET AND NUMBER
	South Baltimore GENERAL HOSP. 1000 OLIVE St.
made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months) Days i Hours i Min.
E	M / 10 100 100 100 100 100 100 100 100 10
S	100. USUAL OCCUPATION (Give kind of work) 10 B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)
disposition	Roofer NONE BaltIMODE, Md. USA
OSI	13. FATHER'S NAME
Sp	William Horlacher Sr. Mary DisNE4.
0	TS. Was Decaded Ever in U. S. Armed Forces? 116/SOCIA1 17, INFORMANT ADDRESS
0	[Yes, no or unknown] (If yes, give wor or dotes of service) SECURITY NO. Glen Burnie, Md.
fina	Yes # 2 Mrs. Norma E. Weber Box 356 Rt. 2 3rd. St.
0	18. 3 0 1 CAUSE OF DEATH CAUSE OF DEATH BETWEEN ONSET AND DEATH
ed	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH
Be	(A)IMMEDIATE CAUSE
8	heart failure, asthenia, etc. It means the disease,
E P	injury or camplication which caused death.)
0	ANTECEDENT CAUSES (B) / Neumo coccal deplicemen
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C) Preumocrecal Menningety
the remains	- 340,1 II Chinic @ Mastrelitis
E	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT PELATED TO THE TERMINAL CAMBRILLY NOT PELATED TO THE TERMINAL
a l	TO THE DEATH BUT NOT RELATED TO THE TERMINAL IN THE DEATH BUT NOT RELATED TO THE TERMINAL
he	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208 AUTOPSY? (Yes or No.) 208 IF YES, WERE FINDINGS CONSIDERED
0	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (II In Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
e c	▼ DEATH (notily medical examiner) etc.)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ne ne	S OF INJURY (APPROX.) While At Not While
btained	WORK AT WORK
op	22. 1 certify that (this haspital) attended the deceased from 5-3/1968 to 5-14/1968;
pe	that (We) lost sow the deceased alive on 5-14. 19 68 and that in (a) (our) opinion death occurred on the date
+5	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
5	23A, SIGNATURE 23B, DATE SIGNED
_	Amale M. Wood A. Process Phys. Attending Director Director Phys. Director Staff Director Staff Director Staff Director Staff Director Dire
approval must	23C. PHYSICIAN'S 23D. ADDRESS
010	NAME (Type)
bk	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City, town, or county) (Story)
	REMOVAL (Specify)
ritten	Burial 5 18 68 Glen Haven Glen Burnie, A. A. Co. Md.
T	MAY T7 1968 (2.0) R-32 (3-6) [L. (0) (0) (1)
3	Mc Cully 130 E. Fort Ave

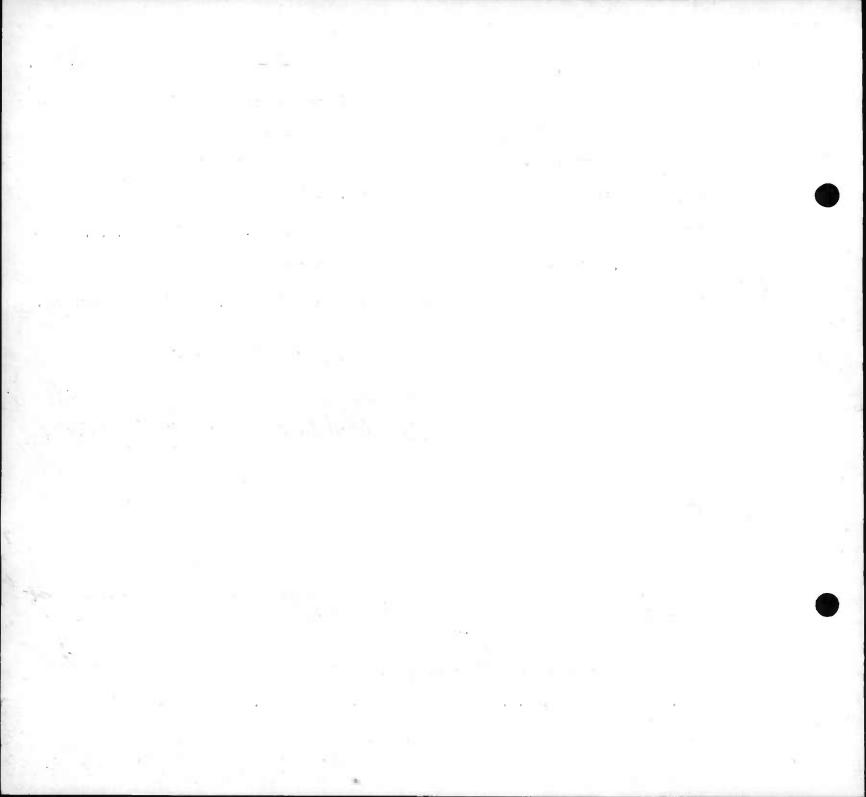


FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such death BIRTH NO. and cause; (5) Decease attendance on th DAJE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) hospital 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATO
B. COUNTY death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN cause; 0 0 YES V NO B prior E. STREET AND NUMBER contributing occurred Undetermined made regular 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED deceased Hours lost birthday WIDOWED DIVORCED S kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? MA, USUAL OCCUPATION isposition death done during most of working life, even if retired) A11012 Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15, Was Deceased Ever in U. S. Armed Forces?
(Yes, ga grunknown) (If yes, give wor or dates of service) assistant death 0 T 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance any CAUSE OF DEATH pronounced or 18. < BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, osthenia, etc. It meons the disease, examiner regular injury or complication which caused death.) ANTECEDENT CAUSES w ho DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, il ony, giving to the above cause (A) stating the physician UNDERLYING CONDITION lost. the remains medical medical Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ATIO physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) chief Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION O WAS-PERFORMED LERDIA fore (7) 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? the U 21A. ACCIDENT WAS UNDERLYING (II in Boltimare City, give exact lacotion) where OR CONTRIBUTING CAUSE OF hospital °Z bel DEATH (natify medical examiner etc.) nature; OF INJURY obtained (Hour) (Manth) (Day) (Yeor) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED 9 OF INJURY proved (except While At Not While r (APPROX.) Work At Wark quq any 22. I certify that (I) (this haspital) attended the deceased from 19 68 that (1) (we) last sow the deceased alive on. ond that In(my) (aur) apinian death occurred on the date pe o hospital eath) ond have and from the couses stated above. (1) (We) (did) (dld not) view the bady after death. must An accident was release 23B, DATE SIGNED 23A. SIGNATURE ō Attending [Med. Staff 10 Director ___ approval 0 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at SALLUE 24A. BURIAL CREMATION, 24B. DATE 24C NAME at CEMETERY of CREMATORY 24D. LOCATION tawn, or caunty) eceased D.0 the body REMOVAL/(Specify) written shows: 258 NAME OF REGISTRAR OS 2SA. DATE REC'D BY 250 FUNERAL DIRECTOR ADDRESS 3 O VS 150-REV. 1/1/6B



4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY DFINSIDE CITY LIMITS? 5516 Hutton Ave- Hood Nursing Home If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS Jenkins Memorial Hospital 1000 Caton Ave. BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) _ond that in (my) (our) opinion death occurred on the date 23B, DATE SIGNED



	BALTIMORE	CITY	HEALTH	DEPARTMENT
13				

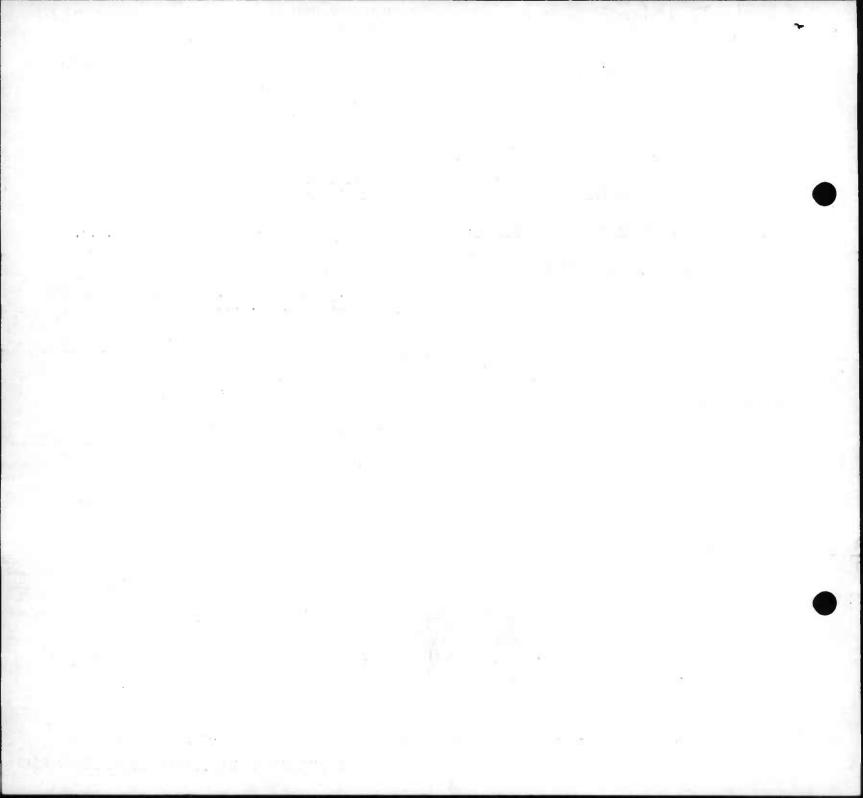
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G. NO.	68	5172
.0.110		

RIPT	H NO.	CERTIFICAT	E OF DEAT	TH REG. NO.—	00 0	73.70
1. N	AME OF DECEASED	2. DA	TE AND HOUR OF DEATH			
Пур	or Print) FIORENCE O Be		May 14, 1968		P. M.	
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	4. USUAL RESIDENCE A. STATE B.	E (Where deceased lived, If in	nstitution: residence t	refore odmission)	
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION OF ADDRESS OR LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?	
	Ardleigh Nursing Ho	me	F STREET AND NUM	BER	YES N	0
197	, , , , , , , , , , , , , , , , , , , ,		3623 E	Im AVENUE		
5. \$1	6. RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years lost birthdoy)		If Under 24 Hrs.
	F WIDOWED W	DIVORCED	12-20-19	881		
	USUAL OCCUPATION (Give kind of work 10B. KIND OF Biduring most of working life, even if retired)	ISINESS OR INDUSTRY	1. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF W	HAT COUNTRY?
gone	t hame		MARULAN		U.S. A.	-14-533
13. F	ATHER'S NAME	14	4. MOTHER'S MAIDE	NAME		
U	IIIIAM D. Caltride			V. BorING		
(Yes,	/os Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	7. INFORMANT	Ida Smith	44.37 BUC	hounne Our
_	18.440.9	CAUSE OF DEATH	0/			MATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		11.1	. //	BETWEEN	DISET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAUSE	Men	oscleroses		
	(This daes nat mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)		CONSEQUENCE OF:			
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	CONSEQUENCE OF:			
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)	••••			
z	450,0 11					
110	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes	s or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSID	ERED
RTIF	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?	
AL C	21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF home, DEATH (notify medical examine) etc.)	ACE OF INJURY (e.g., in form, factory, street, office	or obout 21 C. WHERE INJURY OCC	DID (If in Boltimo	re City, give exoct loc	cotion)
U		IJURY OCCURRED	21F, HOW D	ID INJURY OCCUR?		
	OF INJURY While	At Not While		>		
	AA OLK	☐ At Work	19/	7	Marte	6/8
	22. I certify that (I) (this haspital) attended the	deceased fram	1/2	19 ta	my 7	19.6.4.,
	that (1) (we) last saw the deceased alive an	May		and that in (my) (our) ap	inian deáth accur	red an the date
	and have and from the causes stated above. (1) ((did) (did Hot) vie	ew the bady after d	leath.		
	3A. SIGNATURE TELLER	Attend Phys.	Med. Director	Staff Phys.	16 Mca	468
	23 CPHYSICIAN'S NAME (Type)	23	5006 Rol	and Are	,	
244	DV. WILLIAM G. F. BURIAL CREMATION, 124B. DATE 124C. NAM	E of CEMETERY OF CREN		24D. LOCATION (C	ity, town, or county)	(Stote)
Z	REMOVAL (Specify) 5-17-68 DI	ruid Rid	ge Cem	Pikesville B	alto Co.	Matteland
25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF	TOURS MA	256 FUNERAL DI	rector foneval Hos	ne Balto	11
VS 1	50-REV. 1/1/6B	1/1	Aug Hh	Mull Gi		

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH and Such death Deceased NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. of 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY attendance (5) Money land cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) CLTY OF TOWN D. INSIDE CITY LIMITS? cause; 0 0 1410 he YES. NO prior E. STREET AND NUMBER contributing occurred etermined made regular 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED eceased lost birthdoy) Hours WIDOWED MALE WHITE S 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Und 9 CLOTHING U.S.A. U MANUFACTURING 0 Mas 13. FATHER'S NAME MOTHER'S MAIDEN NAME Ö the 4 ABRAHAM DAVID PAUL RACHEL assistant eath O 0 kind; 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) [(If yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL MRS. EDITH PLIMACK, 902 MILFORD MILL ROAD BALTIMORE, MD. 21208 final SECURITY NO attendance NO any CAUSE OF DEATH APPROXIMATE INTERVAL OL 18. pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50. med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This daes not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart failure, asthenia, etc. It means the disease, aminer. ular injury or complication which coused death.) ANTECEDENT CAUSES who 01 0 DUE TO, OR AS 10 are CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving ල Ihe above cause (A) physician UNDERLYING CONDITION Iosi, remains Was П ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the CERTIFI ō WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? fore 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (2) (If In Boltimore City, give exoct location) where hospital bed MEDICAL °Z DEATH (notify medical examiner) etc.) nature; by 21 D. TIME (Hour) obtained (Month) (Doy) 21F. HOW DID INJURY OCCUR? (Yeor) 21E. INJURY OCCURRED 9 OF INJURY Not While approved (except While At (APPROX.) Work At Work and to the any 22. I certify that (1) (this hospital) attended the deceased from that (1) (ye) lost sow the deceased alive or and that in (my) four oplnion death occurred on the date pe of death) hospital and have and from the courses stated ghove. (1) (We) (did not) view the body after death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending [Med. Staff 10 Phys. Director L Phys approval 0 prior 230. PHYSICIAN'S 23D, ADDRESS ŧ DEGREE 4 24A. BURIAL CREMATION. 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased o the body REMOVAL (Specify) ritten shows: ď SHAAREI TEILOH 5-17-68 BALTIMORE. Mas ADDRESS 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTO & BROS. . 6010 REISTERSTOWN ROAD ŏ≥ VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

1	C 147 CO FAM BALTIMORE CITY	HEALTH DEPARTMENT 68- 51.74			
70- 0-	BIRTH NO. BALTIMORE CITY CERTIFICA	TE OF DEATH REGINO.			
deat" ease, n the Such	I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH			
f de ecec on h.	ITELMMS. UDLDINGR	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)			
G O D o to	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED OEAD	A. STATE B. COUNTY			
hos use (5) dan de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CLEY OR TOWN D. INSIDE CITY LIMITS?			
cause;	INSTITUTION	DALTIMORE YES NO NO			
L'in at troit	Sinai Hospital	E. STREET AND NUMBER			
ar de de		3629 TOTEST GARDEN DE 7 8. DATE OF BIRTH , 9. AGE (In years If Under 11 Tr. If Under 24 Hrs.			
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上った「っ日	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BHRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
or nde s in	HOUSEWIFE AT HOME	PALTO, MD U.S.A.			
if dect Way	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
dired direction on dis	LOUIS SILBERMAN 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS			
sta ind leat	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	AVENUE			
t the last of the	NO CAUSE OF DEAT	MRS. PATRICIA G. STATLER, 3629 FOREST GARDEN			
o, if fany nced endo d or	DISEASE OR CONDITION DIRECTLY				
Als e o nou me	LEADING TO DEATH (This does not meon the mode of dying, e.g., (A) IMMEDIATE CAL				
er. ctur oron	heard foilure, asthenia, etc. II means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:			
nin ine frac o p gule	ANTECEDENT CAUSES A Le	a consequence of:			
wh A re	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:			
ex (3)	rise to the obove couse (A) stating the UNDERLYING CONDITION last. (C)				
dica cal ns; icic das	z 4 33.0 II				
bor bur hys	TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
ief dy e p icia	DISEASE OR CONDITION GIVEN IN PART (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes ar No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
oy by Bo th hys	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,				
the alb	OR CONTRIBUTING CAUSE OF hame, form, factory, street, a	ffice bldg., INJURY OCCUR?			
why (N P	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
hos natinate d (6	OF INJURY (A PPROX.) While At Not While At Work At Work	° 🗆 💮			
pro the iny exc and	22. 1 certify that (1) (this hospital) attended the deceased from	1 5/8/68 19 10 5/15 19 68,			
g 0 + - (e	that (I) (we) lost saw the deceased alive an 5/15	68.19 and that in (my) (our) opinion death occurred on the date			
ast be a assed to dent of ospital death) must be	ond hour and from the couses stated above. (I) (We) (did) (did not)				
3 6 0 2 2	23A. SIGNATURE	anding Med. Staff Phys. Director Phys.			
	23C. PHYSICIAN'S	s. Director Phys. 23D. ADDRESS			
	23C. PHYSIGRAM'S NAME (Type) JOSEPH () (MESP)	Si Aozartul			
- A H	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (Cly, town, or county) (State)			
certificat body was ws: (1) An D.O.A. a eased pric	BURIAL 5-17-68 (ANSHE EMUNAH) A	ITZ CHAIM BALTIMORE, MARYLAND			
This certifiche body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAK	25C, FUNERAL DIRECTOR ADDRESS			
E # 2 3 4 3	MAY 17 1968 Reb E. tarbey MAY 17 1968	SOL LEVINSON' & BROS., 601 0 REISTERSTOWN ROAD			

Day Hope Al Survey down higher to the second hours J. Manded . C. Missins steles Joseph Binope

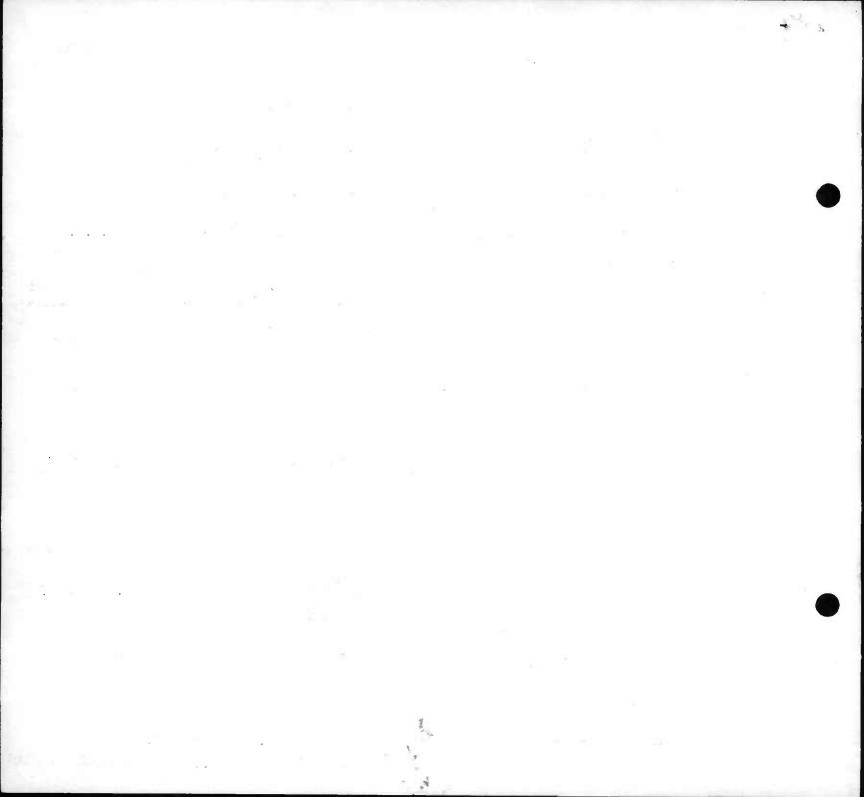
Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** May 16, 1968 NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION 24B. DATE (Stote) REMOVAL (Specify) BURIAL 5-19-68 NEW HAR SINAI OWINGS MILLS, MARYLAND 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 151-REV, 1/1/6B

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DIEI	BALTIMORE C	CITY HEALTH DEPARTMENT	-	0 5450	
B-656 68-5176 CERTIFICATE OF DEATH REG. NO. 68-5176					
(Type or Print) DORA	BRONNER	5)	15/68	10 30 Pm.	
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institution:	residence before admission)	
HOSPITAL OR ADDRESS OR L	SPITAL OR INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN BALTIMOR		LIMITS?	
16 LUTHERAN	HOSPITAL	E. STREET AND NUMBER			
5. SEX 6. RACE	7- MARRIED NEVER MARRIED		AGE (In years If Und st birthdoy) Months	ler 1 Yr. If Under 24 Hrs. Doys Hours Min.	
FEMALE WHITE	WIDOWED DIVORCED	6-17-1894	73		
IOA, USUAL OCCUPATION (Give kind of done during most of working life, even if retir	work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	country) 12. Cl	TIZEN OF WHAT COUNTRY?	
HOUSEWIFE	AT HOME	BALTIMORE, MAR		U.S.A.	
MEYER COHEN	Forces? 16. SOCIAL	ANNA MUDR		ADDRESS 0101F	
(Yes, no or unknown) (If yes, give wor or	dotes of service) SECURITY NO.	VIVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	TTIE BRENNER	21215	
NO	CAUSE OF D	1	4122 FALLSTAFF	ROAD # 252 15	
DISEASE OR CONDITION		BROVASCULAR A	CCIDENT	BETWEEN ONSET AND DEATH	
LEADING TO DEA				HOURS	
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injury or complication which cou	used deoth.)	SPAL APTERIOSC	1 (=RoS1S	YEAD (
ANTECEDENT CAL	12F2			10/11/2	
DISEASES OR CONDITIONS,	(A) stoting the	AS A CONSEQUENCE OF:			
UNDERLYING CONDITION Iost	· (C)				
UNDERLYING CONDITION Iost OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO STEED OR CONDITION GIVEN IN	TO THE PERIOR	BETES MELLI	ITUS	YEARS	
19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?	
	WAS PERFORMED WAS PERFORMED VAS PE				
DEATH (notify medical examiner) 21D.TIME (Month) (Doy) (Y OF INJURY (APPROX.)		21F. HOW DID INJUI	RY OCCUR?		
(APPROX.) While At Work Not While D					
22. I certify that (I) (this hospital) ottended the deceased from 4/20 19 68 to 19 68,					
that (1) (we) last saw the deceosed alive on 5/15 1968 and that in (my) (aur) apinian deoth occurred on the dote					
and hour and from the couses stoted above. (I) (We) (did) (did nat) view the bady after deoth.					
23A. SIGNATURE 23A. SIGNATURE Attending Med. Shaft SignED 5/15/68					
Oscar E. Turundin MID. Attending Med. Staff Phys. 5/15/68					
23C. PHYSICIAN'S NAME (Type) A D T T T T T T T T T T T T T T T T T T					
23C. PHYSICIAM'S NAME (Type) OSCAR E, FERNANDINI DEGREE Phys. Director Phys. 23D. Address Luthurau Luthurau (City, town, or county) (Stote)					
REMOVAL (Specify)					
BURIAL 5-17-68 OHR KNESSETH ISRAEL ANSHE SFARD. BALTIMORE, MARYLAND 25A. DATE RECTORY HEALTH DEPT. 25B. NAME OF REGISTRAR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD					
25A. DATE REC'D BY HEALTH DEPT.	8 P. D. B & GOLDEN	SOL LEVINSON &	BROS. 6010 RE	ISTERSTOWN ROAD	
VS 150 PSV 1/1/48	19000	7			

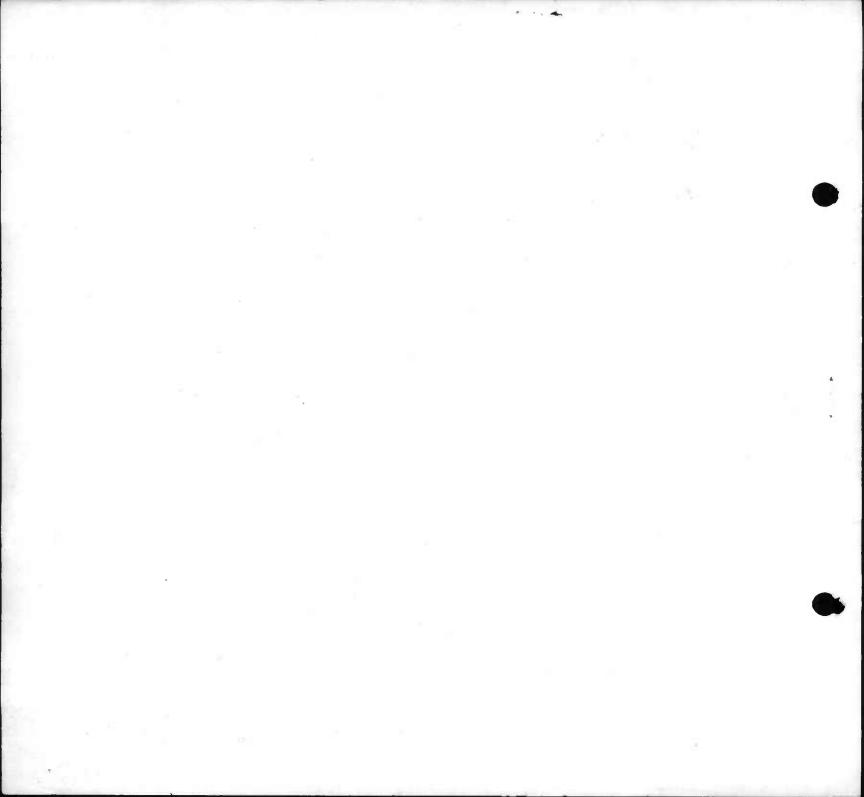


VS 150-REV. 1/1/68

REG. NO. 68- 5177

BIRTH NO.	CERTIFICA	IE OF DEATH		
T. NAME OF DECEASED (Type or Print) MALDE (DAH)	4 marie Bake	2. DATE AND HE	P DEATH	555 A M.
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dec	ceased lived. If institution:	residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION LINIUERSITY HOS.		C.CITY OR TOWN BALTIMORE E. STREET AND NUMBER	TIMORE =	NO D
5. SEX 6. RACE	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AC	GE (In veors If Une	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
FW	WIDOWED DIVORCED	3/10/05	birthdox Month	s Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of wark		11. BIRTHPLACE (State or foreign co	puntry) 12. CI	TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired),		MARYLAND		4.5.
HOUSEWIFE 13. FATHER'S NAME		14. MAOTHER'S MAIDEN/NAME		
111.		/ 1	XA COSNELL	
15. Was Deceased Ever in U. S. Armed For		17. INFORMANT	A DOGICE CO.	ADDRESS
(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.	I/ HAPOKINIANI		ADDRESS
18. 5 / 9 9 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY		1	
LEADING TO DEATH	(A) IMMEDIATE CAUS		HIRLUAY	
(This does not mean the made of hearl failure, osthenia, etc. It means	the disease,	CONSEQUENCE OF:	PLACE	
injury or complication which caused	death.)	327	SEMSC	
ANTECEDENT CAUSES	(8)			Court of the court
DISEASES OR CONDITIONS, if	only, giving	A CONSEQUENCE OF:		
rise la lhe abave cause (A) UNDERLYING CONDITION last.				
	(C)			
O OTHER SIGNIFICANT CONDITIONS CO	HE TERMINAL			
	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 201	B. IF YES, WERE FINDING	S CONSIDERED
198. CON WAS PER	FORMED	/V ₀	CERTIFYING CAUSES OF	E DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affi etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If in Baltimare City, g	rive exact location)
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
S OF INJURY (APPROX.)	While At Not While			
(ATTROX)	Work L Al Work	2/20/16		720
22. I certify that (1) (this haspita) attended the deceased fram	7/29/08 19	to /11118 01	F CEATH 19.
that (1) (we) last sow the decease	d olive on 3/19	19 Of ond that in	(my) (our) opinion de	oth occurred an the dote
and hour and fram the couses sta	ted abave. (I) (We) (did) (did nat) vi	ew the body after death.		
234 SIGNATURE	,		23B. D	ATE SIGNED
The Aclement	///// Dh	Med. Staff Director Phys.	X 5/	12/68
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS		use Mo
24A. BURIAL CREMATION, 24B. DATE	DEGREE CREE	WATO 1 240, 1000	ION CHI Saum	coshista (State)
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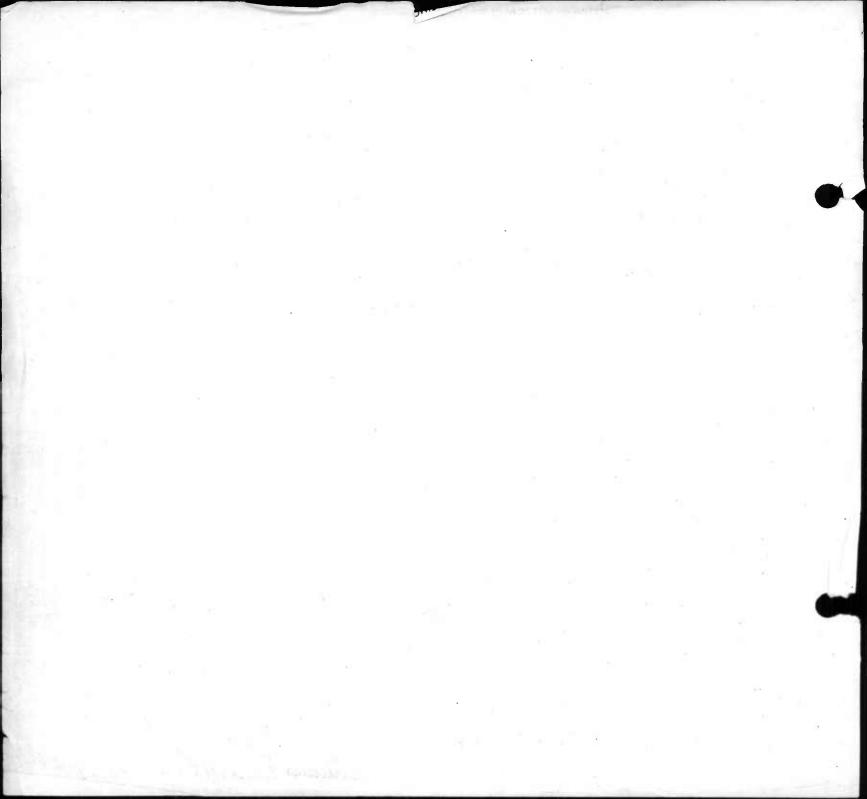
HARVENA HOUSELLIFE William Rossice The second to the second For Leanues LD M G Donas THO



- 103	BALTIMERE CITY HEALTH DEPARTMENT
P + P 0 +	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 68- 5179
deate de a se	TI, NAME OF DECEASED, (Type or Print) Everett & Eubene 2. DATE AND HOUR OF DEATH 9:50 Pm.
of of the other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED GEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hosi 15e (5) and ded	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
cau se; end to	C. CITY OR TOWN D. MISIDECITY LIMITED OR BOLLOWS 23 VES. NO
ing car car rior	Tranklin Square Hospital STREET AND NUMBER
ned ned plar d p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr., If Under 24 Hrs. lost birthday) Months; Days Hours; Min.
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dete dete in in	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? Portion Retriell Retriell North Carolina 4.5.A.
rect or (4) Under was ir the de ispositio	13. FATHER'S NAME
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A fr A fr A ho reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
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hos natu ept d (6)	OF INJURY (APPROX.) While At Not While At Work At Work
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be aped to at of a sital (ath);	that (I (we) lost sow the deceased alive on
	23A. SIGNATURE
E cci	Mak Joong m GEGREE Attending Med. Shaff Sh
	23C. PHYSICIAN'S NAME (Type) A Tombe / M. 23D. Address 23D. Address Late 1 - Truck Circ Square Hospi
	24A. BURIAL CREMATION, 24B DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town) or county! (Stote)
nis cer le bod nows: as D.C ecease	Burial 5/18/1968 11/7 Causan Com 5 Back 1/10-
This the showas was	MAY 17 1968 Report & Johnson 1256. NAME OF REGISTRAR. 25C. FUNERAL DIRECTOR ADDRESS.

BALTIME RE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B



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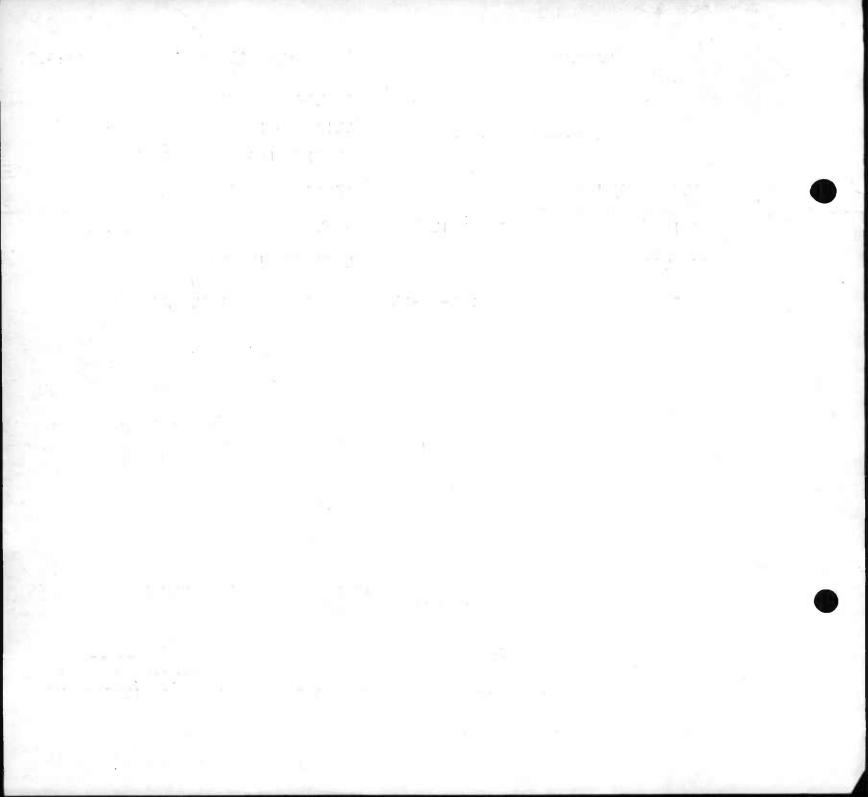
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shows:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH BIRTH NO. May 13, 1968 I, NAME OF DECEASED (Typo or Print) HARTMAN, HARRY T. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE HOWARD MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? NOTA ELLICOTT CITY YES ST. AGNES HOSPITAL E. STREET AND NUMBER HIGHRIDGE 21043 RD. is mad 6. RACE 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. Months: Doys If Under 24 Hrs. S. SEX MARRIED X NEVER MARRIED Hours lost birthday WHITE MALE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working lile, even if retired) U.S.A. RETIRED O RAILROAD MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FLORENCE O'BRYAN CHARLES P 1S. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yos, give wor or dotes of sorvice) SECURITY NO. ST. AGNES HOSPITAL RECORDS 05-07-7860 NONE APPROXIMATE INTERVAL 0 0. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE gular heart failure, asthenia, etc. It means the disease, injury as complication which caused death.) ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION IOSI. the remains П 260X CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, stroot, olfice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (II in Boltimore City, givo exect location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify modical examiner) obtained (Hour) 21 D. TIME (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (A PPROX.) At Work Work 68 22. I certify that (I) (this haspital) attended the deceased fram 1968 that (I) (we) last saw the deceased alive on and that in (my) (our) aplnian death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Attending [Mod. Staff Director L Phys approval BALTIMORE, MD 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) ST. AGNES HOSP; CATON & WILKENS AVES BAHR 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specily) Meadowridge Dorsey, Maryland ADDRESS +t. Act Funeral Director Howard County Harry Witzke 2SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR Funeral VS 150-REV. 1/1/68



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BALTIMORE CITY HEALTH DEPARTMENT 68- 5181 CERTIFICATE OF DEATH REG. NO Such death hospital and (5) Decease I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO eath. of 4. USUAL RESIDENCE (Where 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN attend cause; 0 0 ykesville NO prior E. STREET AND NUMBER contributing etermined made regular B. DATE OF BIRTH If Under 1 Yr. Months: Doys S. SEX 6. RACE 9. AGE (In years If Under 24 Hrs. 7. MARRIED WINEVER MARRIED Hours deceased lost birthdoy WIDOWED DIVORCED 4.1.11 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) pun Virginia U.S.A. Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 assistant death LO S. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 610 Renwick Avenue attendance 4756 Ann Currie. No Baltimore. Md. 21206 any APPROXIMATE INTERVAL CAUSE OF DEATH 18. 9 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH 2 (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal heart failure, asthenia, etc. It means the disease, examiner ular injury ar camplication which caused death.) ANTECEDENT CAUSES 0 5 re are DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the 0 UNDERLYING CONDITION last. remains 0 Mas 578X OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A the chief 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OPERATION O CERTIFI WAS PERFORMED .68 Den before 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exoct location) where home, form, foctory, street, office bldg., INJURY OCCUR? hospital °Z MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY obtained 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 9 (except Not While p While At (APPROX.) Work At Work pup to the any 19 68 ta 22. I certify that (1) (this hospital) attended the deceased from 19 68 that (1) (we) last saw the deceased alive on... ond that in (my) (our) opinian death occurred on the date pe of hospital eath) and hour and from the couses stafed obave. (1) (We) (did) (did not) view the body ofter death. was released must 23B. DATE SIGNED 23A. SIGNATURE O Attending 0 Phys. Director L approval 23C. PHYSICIAN'S 0 prior 23D. ADDRESS to NAME (Type) RSOK 4 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY OF CREMATORY eceased 0.0 the body REMOVAL (Specify) ritten shows: Loudon Park Cemetery Burial 5-18-68 Was 258. NAME OF REGISTRAR ADDRESS 25A, DATE REC'D BY HEALTH DEPT. 25G FUNERAL DIRECTOR Avenue mondson 3 Witzke 70 VS 150-REV. 1/1/68

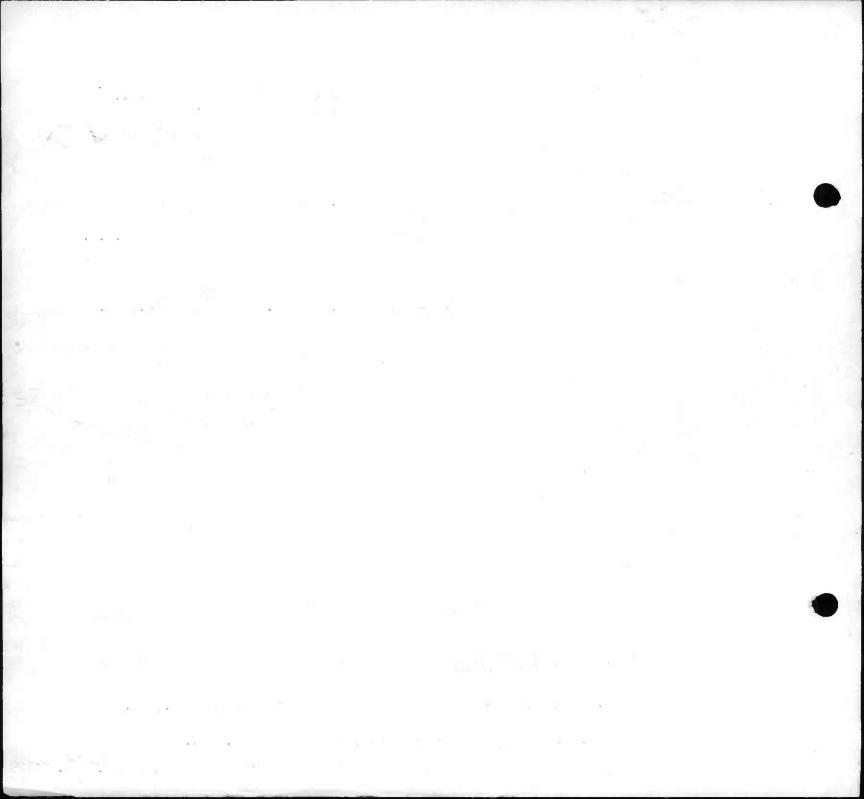
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BALTIMORE CITY HEALTH DEPARTMENT

68- 5182

	DECEASED		2. DATE AN	D HOUR OF DEAT	TH .
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3. PLACE IN	BALTIMORE, MARYLAND, V		4 HISHAL RESIDENCE (When	e deceased lived. If	institution: residence before admission
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OSPITAL ON	R ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	DIN	NSIDE CITY LIMITS?
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00	2507 South	lene Avenue	E. STREET AND NUMBER	. 0	3
	1, 2, 25		2507 Southdene		
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3. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	ME	
	9	Somogyi			
5. Wos Dec	nased Ever in U. S. Armed Fo	rces? 1 6. SOCIAL	17. INFORMANT	0.000	ADDRESS
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	7/ 49	940 EASTERN	AVENUE		E. STREET AND NUMBER		0
_		ALTIMORE, MA	ARYLAND	21224	6300 CARDIF		# 21224
14	LE	6. RACE WHITE	WIDOWED		3-29-02	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months; Doys Hours Min.
		working life, even if retire	d)	BUSINESS OR INDÚSTR	VIRGINIA	oreign country)	12. CITIZEN OF WHAT COUNTI
3.	FATHER'S NA	*			14. MOTHER'S MAIDEN N	IAME	USA
		ALBERT Rob	inson		ZENA LOWEN		
		Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORM ANT	RAI	LTIMORE, MD RESS
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	injury or com	asthenia, etc. II mea plication which cous ANTECEDENT CAUS	ed deoth.)	H	01 . 11	Face	A Color
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00		BALTIMORE CITY HEALTH DEPARTMENT
55	0184	CERTIFICATE OF DEATH

68- 5181 REG. NO.

BIRTH NO.			CERTIFICA	IE OF DEATH		
I, NAME OF DEC	CEASED	-		2. DATE	AND HOUR OF THE ATTH	1 = 1 1
(Type or Print)	THEODORE	CZORNI	₩		// 50	Aun 3/16/68
3. PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (V. A. STATE B. CO.	Vhere deceased lived. If in	nstitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	MARYLAND		LTIMORE
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
				BALLTIMORE		YES
THE JO	HNS HOPKINS	HOSPITA	L	E. STREET AND NUMBER		
22				3301 0 00	NELL STREET	
S. SEX	6. RACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
MALE	WHOTE	WIDOWED	DIVORCED	8-17-93	74	
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTR
done during most of Retire	working life, even if retired) d Barber	9074	employed	Ukrain		U. S. A.
13. FATHER'S NA		9611	embroled.	14. MOTHER'S MAIDEN I	NAME	
	John Cz		19.4	Justyna		ADDRESS
IS. Was Deceose (Yes, no or unknow	d Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			213-28-6031	Mrs. Anna	Czorniy 330	1 O'Donnell St.
1B. //	2, 21		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	ASE OR CONDITION DI	RECTLY		None	0 1 1	The state of the s
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE / WA	& thele	re / mo
	nal mean the made of			A CONSEQUENCE OF:		
	, asthenia, etc. It means mplication which caused			1/10	-	n
	ANTECEDENT CAUSES			HASCU		Lyw.
DISEASES	OR CONDITIONS, if	any aivina	(B)	A CONSEQUENCE OF:	/	<i>(</i>)
	he abave cause (A)			×		
UNDERLYIN	IG CONDITION last.		(C)			
- 442	× II					
	IFICANT CONDITIONS CO					
	CONDITION GIVEN IN PAR	IT I (A).		T00.4	N. V. COR.	
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= 4	THE WAS INDEDICATED TO SERVICE	1 1010	BLACE OF INTURY (:	n or obout 21 C. WHERE DI	Of in Politica	re City, give exoct location)
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF fy medical examiner	hon etc.	ne, lorm, loctory, street, o	ffice bldg., NJURY OCCUR	?	re City, give exact location;
D 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S OF INJURY		Wh	ile At Not While			/
				511	18	5/16
22. 1 certif	y that (1) (this haspita	l) attended t	6/11		19 <u>GU</u> to	0//
	e) last saw the decease					Inian death accurred on the de
and hour of	nd from the causes sta	ted above. ((did) (d)d not)	riew the body after dea	th.	
23A. SIGNA	robbe A	Ced	m Degree Phy	ending Med.	Staff Phys.	5/16/68
23 C. PHY ICI	ANS O	2	DEGREE	23D. ADDRESS	11	1
NAME	Dego HA	PET		to Has	HODKINS	
24A, BURIAL CR	REMATION, 24B. DATE	24C. N	DEGREE AME of CEMETERY OF CR	EMATORY 1241	Hopkers	City, town, or county) (State)
24A. BURIAL CR REMOVAL	(Specily)					
Burial	5-20-1	908 S	. Michael		Raltimore Cou	ntv. Marvland

25B. NAME OF REGISTRAN 25A. DATE REC'D BY HEALTH DEPT.

250 FUNERAL DIRECTOR
Milly & Zeiler Inc. ADDRESS

1901-07 Eastern Ave.

1142 CMC FOR H SHOT Jones Hopkins

FUNERAL DIRECTOR: IMPORTANT

This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance on the

BIRTH NO. 63-30385			Charles and the second
	100 CERTIFICA	TE OF DEATH	reg. No. 68 5185
Type or Print Magazar Bre	ada Lee	2, DATE AND HO	UR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD		eosed lived. If institution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Morland	
HOSPITAL OR ADDRESS OR LOCATION)	,	C. CITY OR TOWN	D THIS IDE CITY LIMITS?
340	. /	Daltimore	A CHOD
Don Gecour	Hospital	20 29 Ashto	n St
6. SEX 6. RACE 7. MARK	RIED NEVER MARRIED	I lant his	E (In yeors II Under 1 Yr. If Under 24 H Months Doys Haurs Min.
T WIDON		10-30-63	4
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN) done during mast all warking life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNT
NENE	NOVE	Marlland	4.5.4
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	/
Donald L. Monroe	_	Koth F. Go.	lack
S. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (II yes, give war or dotes of serv	SECURITY NO.	Desill at	2472267 1 54
NO NOVE	CAUSE OF DEAT	DENALD MONROE	2029 AShTON ST.
DISEASE OR CONDITION DIRECTLY	7	5	BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	thele Metax	laxis
(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
hearl failure, asthenia, etc. It means the dise injury or complication which caused death.)	1050,		
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rise to the above couse (A) stating UNDERLYING CONDITION last.			
ONDERLING CONDITION IGSI.			
	(C)	······································	
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O O O O O O O O O O O O O O O O O O O	NG NAL	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
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68- 5186 REG NO. CERTIFICATE OF DEATH BIRTH NO I NAME OF DECEASED UR OF DEATH (Type or Print) BRUCE L. DONOFF USUAL RESIDENCE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE PENNSYLVANI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS? YES T NO MT UNION E. STREET AND NUMBER THE JOHNS HOPKINS HOSPITAL 326 WEST POPLAR STREET 7. MARRIED NEVER MARRIED 9. AGE (In veors If Under 24 Hrs. S. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Days last birthdov Hours MALE WHITE DIVORCED WIDOWED 3-15-92 tOA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life even if retired) PAIL READ JENN ABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANE DONOFF CHRISTINE ADDRESS S. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY, NO. NO NONE APPROXIMATE INTERVAL CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart foilure, asthenia, etc. It means the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stating the UNDERLYING CONDITION last. 11 5 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B, PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, which bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF WAS UNDERLYING (If in Baltimore City, give exact location) DEATH (notify medical examiner) etc.) 21 D. TIME OF INJURY (Hour) 21F, HOW DID INJURY OCCUR? (Month) (Day) (Year) 21 E. INJURY OCCURRED While At Nat While (APPROX.) Work AL Work this haspital attended the deceased 68 and that in my (aur) apinian death occurred on the date last saw the deceased alive an eath) of ف hospita ur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must Attending Med. Shaff 0 0 Phys. Director 0 prior 23D. ADDRESS approv t D An d (State) eceased o REMOVAL (Specily) the body decease 5-18-68 MT. UNION BURIAL 0.0.17. S FUNERAL DIRECTOR HAD DRESA M as 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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and the state of t

VS 150-REV. 1/1/6B

BIRTH NO.	ECEASED		CERTITION	2. D.	ATE AND HOUR OF DEA	ATH
Type or Print)	BROWN, James I	(newt.			5-14-68	4:30 A M
3. PLACE IN B	ALTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENC		If institution; residence before admission)
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland	-11	are a supera
INSTITUTION	Veterans Admir	nistrati	on Hospital	Baltimore	160	INSIDE CITOLIMITS?
	3900 Loch Rave			E. STREET AND NUM	MBER	
	Baltimore, Man			1632 Lanva		
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Negro	WIDOWED	DIVORCED DIVORCED DIVORCED	2-22-17	or foreign country)	12, CITIZEN OF WHAT COUNTRY
done during most	of working life, even if retired)					
Chauffe				14. MOTHER'S MAID	, South Carol	1181 0. 3. A.
Edward				Mattie Bro		
5. Wos Deceos Yes, no or unkno	ed Ever in U. S. Armed Fo	les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT VA	Hospital Rec	ADDRESS ADDRESS
Yes	9-25-43 to	3-8-46	220-03-22-55 CAUSE OF DEAT		Maryland 212	APPROXIMATE INTERVAL
DISEASES rise la UNDERLYI OTHER SIGN TO THE DE DISEASE OI 19A. DATE 21A. ACCII OR CONTR DEATH (no		s the discose, d death.) S any, giving stating the DNTRIBUTING THE TERMINAL RIT 1 (A). NOTITION FOR REFORMED	(B) Alcohol (B) Alcohol (C)	ism (nutriti A CONSEQUENCE OF 20A. AUTOPSY? (Ye Yes n or obout 21 C. WHERE	es or No.) 208. IF YES, WIN CERTIFYING DID (If in Bo)	eirrhosis unknown ere findings considered causes of death?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor		ile At Not While At Work	e 🗖	DID INJURY OCCUR?	
22, 1 certi	fy that X) (this haspite		the deceased from	anuary 29.	19 68 to Ma	ry 14, 19 68
						apinian death occurred an the date
and haur	and fram the causes st	ated abave.	t) (We) (did) 100000	iew the bady after	death.	
23A. SIGNA	TURE		,			23B. DATE SIGNED
(sones h	1 (59)	Atte Phy	nding Med. birecto	r Staff Phys. X	5/15/68
23C. PHYSIC	GEORGE W	. GAEFNE	1		00 Loch Raver	
24A-BURIAL C REMOVA Burial	REMATION, 24B. DATE 5-17-		AME of CEMETERY of CRI		ltimore Mary 24D. LOCATION Baltimor	
25A. DATE REC	MAY 17 1968	A -	of registrar & & Alaman	NORTON		ADDRESS I. 1701 Laurens St

Code Code

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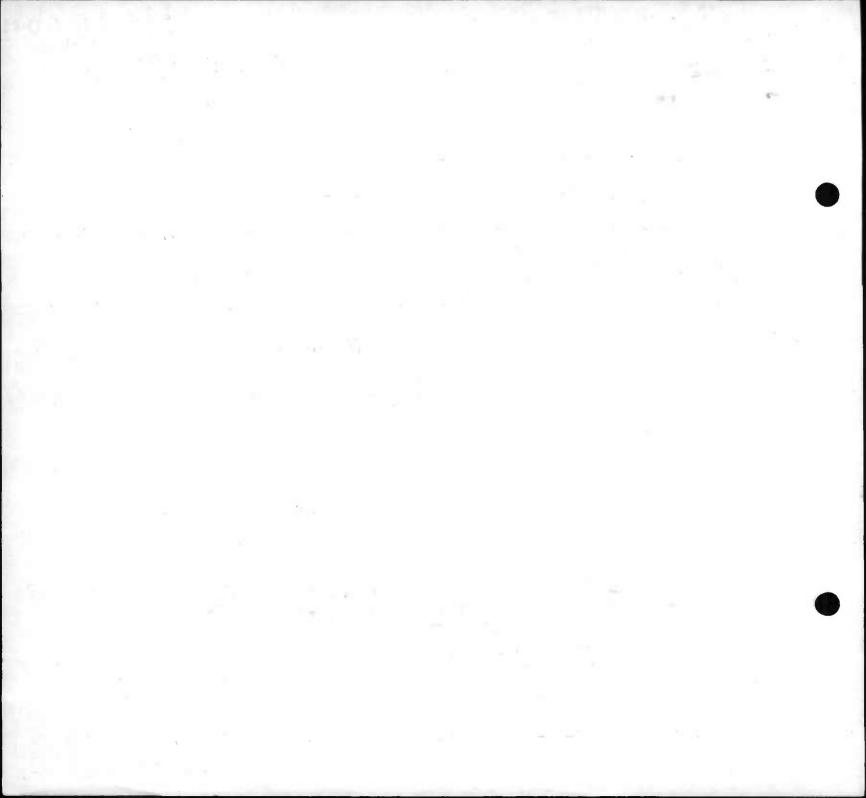
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more selections

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	BALTIMORE CITY	HEALTH DEPARTMENT	-51	1 4 3 0 .
68- 5188	CERTIFICA	TE OF DEATH	REG. NO.	11860 R
LHAME OF DECEASED (Type of Print) PARKER, EARI	J.	M	AND HOUR OF DEATH	168 2:25 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO		stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Mayyland c. CITY OR TOWN	Baltimore D. INSIG	DE CIDY LIMITS?
22		Baltimore	11	VES 🔀 NO
THE TOURIS HODITHS HOSDIE	1 N T	E. STREET AND NUMBER		7-01
THE JOHNS HOPKINS HOSPIT		1513 Edmond	g, AGE (In years	If Under 1 Yr., If Under 24 Hrs.
6. RACE 7. MARRIED X N Male Negroid WIDOWED	DIVORCED	5-26-1911	lost birthday) 56	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Beth-Ste	eel	North Thumb	erland Co	Va. U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Oscar Parker		Mamie Co	nwav	
	SOCIAL	17. INFORMANT	······	ADDRESS
	SECURITY NO. 12-07-806	1 Mrs. Stell	a L. Parker	1513 Edmondson
18. 020	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1, 1,6	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA		ical intax	then week
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which coused death.)	0	1 13/1		2
ANTECEDENT CAUSES	(B) RV	A CONSEQUENCE OF:	, urc	2 years
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)		***************************************	
5-93 X II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
() 21 A. ACCIDENT WAS LINDERLYING 218 PLA	CE OF INJURY (e.g.,	in or obout 21 C/WHERE DID	(If in Boltimore	City, give exect location)
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	orm, factory, street, o	ffice bldg., INJURY OCCUR	,	
0	URY OCCURRED	21F. HOW DID	INJURY OCCUR?	
While A	Not Whi	le 🗀		
e VY Of K	Al Work	May 7	19 68 to M	lav 1468
22. I certify that (1) (this hospitol) ottended the d	May 1	4 NO 68 and		niter death occurred on the date
and hour and fram the causes stoted obove (1) W	e) (did) (did nat)	view the body ofter deot	h.	
26A. STGN AT URE	Dh.	ending Med.	Staff Phys.	May 14, 1968
23C. PHISICIAN'S	DEGREE ""	23D. ADDRESS		
NAME (Type) Dr. John D. Gr	raber	The Johns	Hopkins Hos	pital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CR			ty, town, or county! (State)
Burial 5-18-68 Arbi	utus Memo	rial Pk	Baltimore,	Maruland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI		25C. FUNERAL DIRECT		Maryland
MAY 17 1968 P. C. B. E.	Standay Pull	MORTON & D	YETT F.H. 1	701 Laurens St.
VS 150-REV 1/1/68				Autens St.



50-19-57	11				BALTIMORE CITY	HEALTH DEPARTMENT	11	00 5400
EGL PERSE	BI	RTH NO.	6	8- 518	9 CERTIFICA	TE OF DEATH	REG, NO	68-5189
of death Deceased e on the		pe or Print)	4NIEL	W.	GALEF	ANO E	AND HOUR OF DEAT	9.15 Am.
hospital ise of d ance or death.	3.	PLACE IN BALT	IMORE MARYLAND	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (V. A. STATE B. CO	here deceased lived. If UNTY	institution: residence belore admission)
hospi se o (5) D ance deat	FL	SLL NAME OF	(IF NOT IN HO	SPITAL OR INSTITUT	TION, GIVE STREET	MARYLAND	BALT IMOF	EG, 53-00
n a l cau use; tend	İN	STITUTION	ADDRESS OR E			C. CITY OR TOWN	D. IN	YES NO NO
- p - p - p - p - p - p - p - p - p - p	1	BALTIMO	STERN AVENU	1T + 10 1 10 1 10 1 10 10 10 10 10 10 10 10	s Pitals.	E. STREET AND NUMBER		
- 2 e e P	5.	SEX	6. RACE	-	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
occur ontrib ermin regule		ALE	WHITE	WIDOWED		4-26-1899	last birthday)	Manths Days Haurs Min.
co collecter in reference on is	do	A. USUAL OCCU	IPATION (Give kind all varking life, even if retire	wark 10B. KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	areign cauntry)	12. CITIZEN OF WHAT COUNTRY?
0 2 0 0 2			L.Martin			MARYLAND		U. S. A.
AT nt if de direct (4) Un th was disposit	13.	FATHER'S NAM		igano		14. MOTHER'S MAIDEN N	cia Marino	
A pure of		Was Deceased s, no or unknawn)	Ever in U. S. Armed (If yes, give war ar	Farces? dates af service)	6. SOCIAL SECURITY NO. 213-05-6704-	17. INFORMANT BCH RECORDS:	4940 EASTER BALTIMORE,	N AVENUE PRESS MARYLAND 21224
ass if	-	182 4 9	1 × 250.	9	CAUSE OF DEATH	Н		APPROXIMATE INTERVAL
U . S . D O C .		DISEAS	E OR CONDITION LEADING TO DEA	DIRECTLY		1	1. 1.+	BETWEEN ONSET AND DEATH
0 4 0 5 0 5			of meon the mode		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	OFIC 101.5	sclerosis Zyears
R: er. ctur		heort failure,	asthenio, etc. II me plication which cou	ans the disease,	DOL 10, OR AS	A CONSEQUENCE OF:		
mine mine fraction of presenting of presenting of presenting of presenting of the pr			NTECEDENT CAU					
xam camin A fr who			R CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:		
S = 9 (S) = 12			obove cause (CONDITION lost,		(C)	Name of the last o		
L DI		356.1	11		(~/			
FUNERAL DI le chief medica by a medical 2) Body burns; e the physicia physician was ore the remain	ATION	TO THE DEATH	CANT CONDITIONS H BUT NOT RELATED TONDITION GIVEN IN	O THE TERMINAL	DIDSTIZ			
A de	LEIC		OPERATION 198. C	PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes ar	Na) 20B, IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
FUP he ct l by (2) B (2) B re tl phyy	CER	21A. ACCIDEN		<u>M</u>	And	n ar abaut 21 C. WHERE DID	/If in Raltim	ore City, give exact location)
y th	A O	DEATH (nalify	TING CAUSE OF medical examiner)	etc.)	, farm, factory, street, af	fice bldg., INJURY OCCUR?	(8 10 55100	ore city, give exact localidity
hospi nature ept w d (6) r	MEDI	OF INJURY (APPROX.)	(Manth) (Day) (Ye		At Wark		NJURY OCCUR?	
prov the ny n exce		22. I certify	that (I) (this hasp			9-16	19 67 105-16	19 68 ,
0 0 0			lost sow the dece		2-16	1968ond		plnion deoth occurred on the date
d to		and haur ond	fram the couses :	stated above. (1)	(We) (did) (did not) v	iew the body ofter deot	h.	
ust be a cased to dent of ospital death)	4	23A. SIGN ATU	RE A A	1				23 B. DATE SIGNED
a ho		1/2	Cr. Al	alter	OEGREE Phys	nding Med. Director	Staff Phys.	5/16/68
0 0 0 0		23C. PHYSICIAI	pe)			23D. ADDRESS		
certificate body was r rs: (1) An a rs: 0.0.A. at a			CIELLA ALAF		DEGREE	474		224
E 0 0 0 C		REMOVAL (S	AATION, 24B, DATE		ME of CEMETERY of CRE			City, tawn, ar caunty) (State)
Ws:		Burlai	May 20	1968Hely			430 Belair R	
This certif the body shows: (1) was D.O warsten a	25.	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR (25C. FONERAL DIRECT	OR A	ADDRESS
F + W > O >		100 BC) 1 1 /2 //	, , 1900	Ulaksoi KI W	, WILLEYOUNG THE I	Trantlet	Tella voce 32	2 S.High St.

58- 5190 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 68-	TH 68-	DEATH	OF	CERTIFICATE	EXAMINER'S	MEDICAL
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CERTIFICATE OF DEATH REG. NO. 68- 5190
REG. NO.OO OJOO
2. DATE Known Month Doy Year Hour
OF DEATH Estimoted M.
3. DATE Month Doy Yeor Hour
PRONOUNCED DEAD May 15, 1968 5:45 P.
5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY
C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore YES X NO
s. E. STREET AND NUMBER
3101 Oakford Avenue
13. FATHER'S NAME
Emmett Jerome Mims
RY 15. MOTHER'S MAIDEN NAME
Gussie Smith
18. INFORMANT ADDRESS
Mrs. Helen Mims, 3101 Oakford Ave.
ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
esclerotic cardiovascular disease
E CAUSE
R AS A CONSEQUENCE OF:
R AS A CONSEQUENCE OF:

WAS PERFORMED 21. AUTOPSY? (Yes or No)
No
g., In or obout 22C. WHERE DID (If in Boltimore City, give exoct location)
fice bldg., etc.) INJURY OCCUR?
22F. HOW DID INJURY OCCUR?
OT WHILE
WORK COLUMN
Autapsy 🗌 and that an this basis, death in my apinian
tide Hamicide Undetermined manner
CHIEF MEDICAL EXAMINER DATE SIGNED
ASSISTANT MEDICAL EXAMINER K
ASSOCIATE MEDICAL EXAMINER May 16, 1968
Y ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
etery Reynolds, Georgia
25C. FUNERAL DIRECTOR ADDRESS
Colornon Sommon 4611 Park Heights Ave.

(| |

1. 6.5

June 26, 1911 MM 56 -

Reymolds, Georgia U.S.K. Hemstt Jerone Mins

oil

Driving Instructor School

Gunete Sedth

579-07-7386 New, Nales Mane, 3101 Unictord Ave.

Rusieles B. Borlingte, H.H.

Burtal Hay 20, 1958 Raymolds Cometery Heyrolds, Georgia

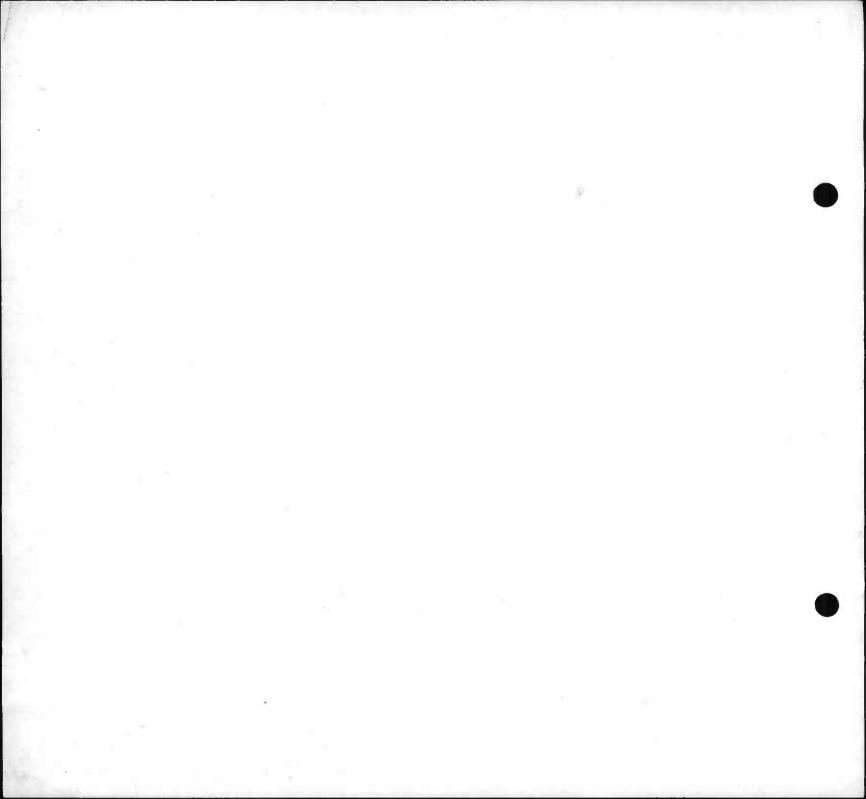
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Coy E , and

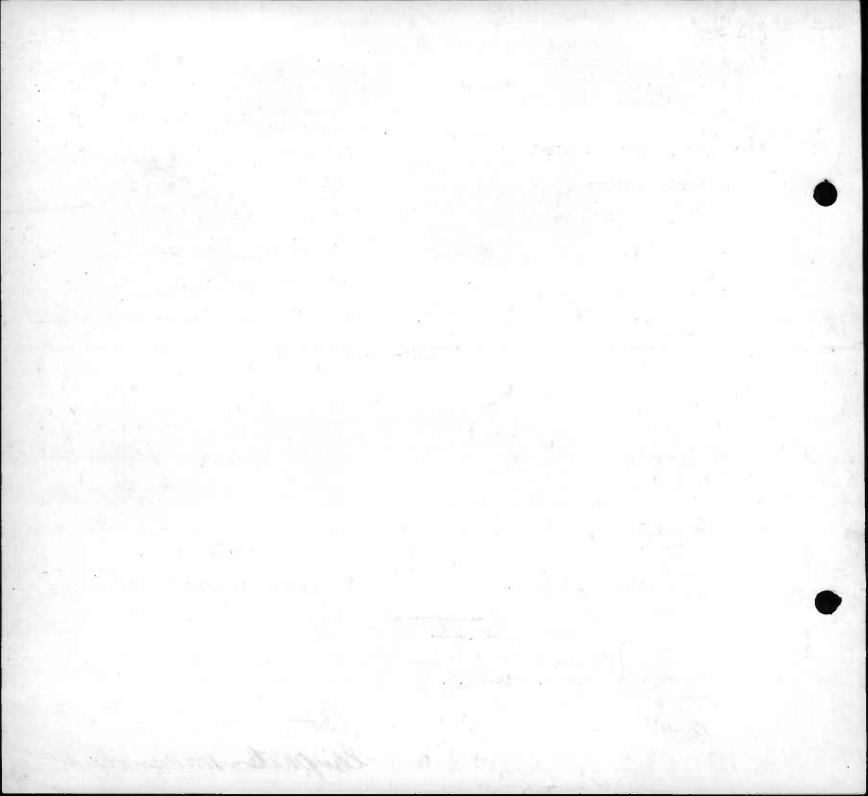
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, such proposed prior to death. Such written approach must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY	Y HEALTH DEPARTMENT 68-5191
BIRTH NO. 68- 5191 CERTIFICA	ATE OF DEATH REG. NO.
BIRTH NO.	
(Type or Print) Prines 4/1/	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
7/1 1	DH /- MORIE YES NO
3/Melcy Hospital	E. STREET AND NUMBER // Exetex St.
S. SEX 6. RACE N 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Hours Min. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NONE KNOW	N CHROLINA USH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H.11	(Rissie Bland
15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
yes www ii	James Jackson
TB. 44 4 9 1 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Tuliano Emplos US. MI - embrana.
(A) IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	
	S A CONSEQUENCE OF:
rise to the above cause (A) stating the	
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Coroccal Systices = Tungily is where,
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH (notify medical examiner)	in or about 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., NJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED While At The Not Whi	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not Whi	
22. I certify that (I) (this hospital) attended the deceased from	PR/1990 25 1968 to May 12 1968
that (I) (we) last saw the deceased alive an 12	19 68 and that in(my) (aur) apinion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did not)	
23R. STONATURE	23 B. DATE SIGNED
DEGREE Phy	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
BAYANI L. MANALO DEGREE	
24C. NAME of CEMETERY of CR	24D. LOCATION (City, town, of county) (Stote)
Bund 5. 2068 Bulls Ma	Vet Dullo Trax
25A. DATE REC'D BY HEALTH DEPT. 60 258. NAME OF REGISTRAR	25C. PUNERAL DIRECTOR ADDRESS
7 0 0 0 0	esoy accordon interpret



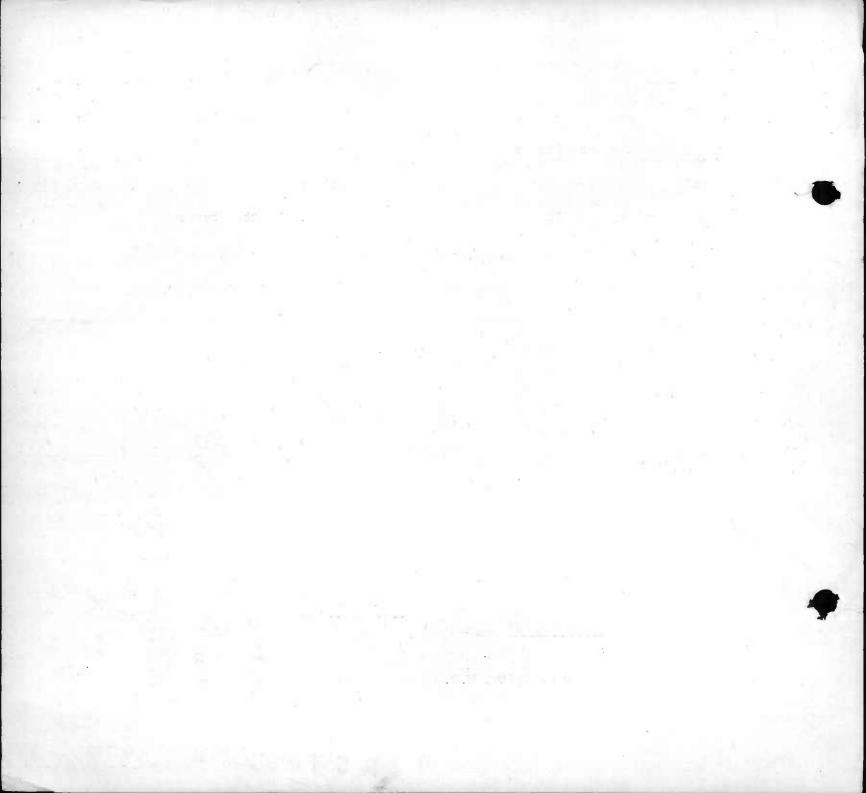
			00. 01:	BALTIMORE CITY H	EALTH DEPAR	TMENT					
				L EXAMINER'S			DEAT	H REG NO	68	- 51	.93
BIR	TH NO.							REG INO.			
1, 1	NAME OF DEC	EASED			2. DATE	Known 🔀	Month	Doy	Yeor	Hour	
(IAb	GLEN	DA		THOMPSON	OF DEATH	Estimoted	May	12,	1968	2:50	A
4.				PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
	L NAME OF			STITUTION, GIVE STREET	PRONOL	INCED DEAD		12,	1968	2:50	Λ
HO!	PITAL	ADDRESS	S OR LOCATION)		- 1101101		May				
OK	INSTITUTION				A. STATE	ESIDENCE (Where		B. COUNTY	residence b	efore odmis	sion)
	Johns Ho	pkins H	ospital		Mary	land		1301	hila.	53	-00
6. 5	EX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
	female	negro		WED DIVORCED	Balt	imore			s X		
	ATE OF BIRTI	negro	10. AGE (In years	If Under 1 Yr, If Under 24 Hr		ND NUMBER		YE	:S LAJ P	10 🗆	
/) - 1/1		lost birthdoy)	Months Doys Hours Mi	n,						
4	1-19-	194	26		/412	Beech Av	enue				
11.	BIRTHPLACE (S	tote or foreign	country)	12. CITIZEN OF	13. FATHER	NAME	00				
	1/	1		WHAT COUNTRY?	JA.	anther a	K	THES			
				D OF BUSINESS OR INDUST	RY 15. MOTHE	S MAIDEN NA	ME /	,			
done	during most of v	orking life, ever	n ifretired)		10	mie	8, 12	comme			
1.	WAS DESCEASE	- D FWFD (b) II	C. ADMID FORCE	500 117 500141	18. INFORM	WILL C	0.4	-0000	DDRESS		
(Yes	, no or unknown)	(If yes, give wo	S: ARMED FORCE	17. SOCIAL SECURITY NO.	16. INFORM	1 80		Al	DUKESS		
			100		Cau	C 11.00	Horas	me	See	ule	
	19. = 0 /	2 1		CAUSE OF DE	ATH		/		APP BETWE	ROXIMATE IN	TERVAL
	-	100	un a la parece de la constante						061111	EN ONDER A	TO DEATH
		LEADING TO	TON DIRECTLY			Injuries			- 11		
			node of dying, e.g.	(A)IMMEDIATI	E CAUSE R AS A CONSEQ	HENICE OF					
	heart failure	osthenio, etc. I	t meons the diseose,		K AS A CONSEQ	UENCE OF:					
	injury or con	iplication which	coused death.)								
	1A-	TECEDENT C	AUSES	(8)							
	DISEASES	OR CONDITIO	NS, IF ANY, GIVING		R AS A CONSE	QUENCE OF:					
	RISE TO THE	G CONDITION	SE (A) STATING TH								
Z	OTTOLICETIO	.0 001101110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C)							
CERTIFICATION	E816										
O			DITIONS CONTRIBLED TO THE TER								
프			SIVEN IN PART 1 (A								
ER	20A. DATE OF	OPERATION	20B. CONDITION	FOR WHICH OPERATION	WAS PERFORM	ED			21. AUTO	SY? (Yes o	r No)
Ū	0								1	No	
	22A. EXTER	NAL CAUSE W	VAS	22B. PLACE OF INJURY (e.	g., in or obout 2	2C. WHERE DID	(If in BoltImo	re City, give exc	oct location)		
O		OR CONTI		home, form, factory, street, of	ffice bldg., etc.) II	NJURY OCCUR?			gran gran	16-4	111
MEDI	UTING LI CA			street		Kresson			5.	WHIT	T
2	OF INJURY	(Month) (Do		22E.INJURY OCCURRE	5 / 2	2F. HOW DID IN		Pass	enger		
	(APPROX.)	12/68	12:20 A	· m. WHILE AT N	OT WHILE Y	involved	in co	llision	with	anothe	r ca
	23.										
	I cert	ify that I he	ld an Inquiry	Inspection X	utapsy	and that an t	his basis,	death in my	apinian		
	resul	ed fram: Na	tural causes	Accident Suid	ide 🔲 Ho	micide 🗌	Undetermi	ned manner			
	10301	A.				CHIEF MEDICAL I					
	ACTUAL	1110.	01	> -						DATE SIGN	1ED
	SIGNAT	JRE /	wyn	N	I.D. ASSI	STANT MEDICAL I	EXAMINER			E /30 //	. 0
	EXAMIN	er's Wer	ner U. Sp	itz M.D.	ASSC	CIATE MEDICAL	EXAMINER			5/12/6)0
	NAME (ype)									
	A. BURIAL CREAMOVAL (Speci		B. DATE	24C. NAME of CEMETER	Y ar CREMATO	24D.	LOCATION	(City, town	n, or county)	7 (Sto	te)
KE	Bus (Speci	I' E	1/2 16	1 Month	Vit-	1.1-	mi	110	Mox		
25	A. DATE REC'D	BY HEALTH D	FPT 1258	NAME OF REGISTRAR	1250	FUNERAL DIRECT	OR		DDRESS		
23/	A. DATE REC D	OF HEALIN D	236.	TAME OF REGISTRAR	10	J. TERRE DIRECT	1)	,			
		ANV 4 18	1068 100	12 H2 Starten	1000	ALO WILL	2000	in Ba	with	1 he	2
VS	151-REV. 1/1/68	AT 15	1300 VIEW			1			7		
		1111									



68- 5193 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

	0	0 - 0	133	BALTIMORE CITY HE	ALTH DEPAR	TMENT			00	F100
		MEDI	CAL EX	(AMINER'S	CERTIFIC	CATE OF	DEA"	TH	00.	5193
BIRTH NO.			46-7					REG. N	0	
1. NAME OF DEC	EASED				2. DATE OF	Knawn 🗌	Manth	Day	Yeor	Hour
(Type or Print) WILLL			ERGUSON		DEATH	Estimoted X	May	14,	1968	2:00 A .M.
4. PLACE IN BALT					3. DATE	NCED DEAD	Month	Doy	Yeor	Haur
FULL NAME OF HOSPITAL OR INSTITUTION		OR LOCATIO		ON, GIVE STREET				14, 19		7:40 A.M
. 2	. Fayett	e Stre	eet		A. STATE Mary	SIDENCE (Where	e deceased	B. COUNTY		etore admission)
6. SEX	7. RACE	8	MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY HAUST	-
male	negr	0 1	WIDOWED [imore		0	YES X	NO -
9. DATE OF BIRTH		AGE (Iny		der 1 Yr. If Under 24 Hrs. ns, Days, Hours, Min.	E. STREET A	ND NUMBER	1179		00	
7-8-	45	22			204	8 E. Faye	tte S	treet	500	m. 5
BIRTHPLACE (S	tate or foreign of	ountry)		ITIZEN OF	13. FATHER'S		0	= 11	3.00	
mary	Sug K.		, w	HAT COUNTRY?	11111	alua.	1110	unm		
14A.USUAL OCCU	ATION (Give kin	d af wark 14	B. KIND OF	USINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	ME,	www		
dane during mast of w	arking life, even it	retired)			1/10	inn 1	(De	1111		
16. WAS DECEASE	D EVER IN U.S	ARMED F	ORCES?	17. SOCIAL	18 INFORM	ANT	Jou	enc	ADDRESS	
(Yes, no or unknown)				SECURITY NO.	7	2 1.				
110		N			West	, rugs	wo	<u> </u>	su	PROXIMATE INTERVAL
1345	,41			CAUSE OF DEA	IH /	1				EEN ONSET AND DEATH
DISEASE	OR CONDITIO	N DIRECT	LY	Frilona						
	EADING TO DE			Epileps (A)IMMEDIATE	AUSE					
	at mean the mod osthenia, etc. It n			DUE TO, OR	AS A CONSEQU	JENCE OF:				
injury ar com	plication which co	used death	.)						2.	The same
44	TECEDENT CAL	ISES		4-1						
	R CONDITION		SIVING	(B) DUE TO, OR	AS A CONSEC	UENCE OF:				
RISE TO THE	ABOVE CAUSE	(A) STATIN								
Z	G CONDINON	LAJI.		(c)						
₹ 353.3	I1									
TO THE DEA	IFICANT CONDIT ITH BUT NOT REL									
	CONDITION GIV									
20A. DATE OF	OPERATION 2	OB. COND	ITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes ar Na)
.1 (2)										Yes
22A. EXTERN	VAL CAUSE WA			LACE OF INJURY(e.g., form, foctory, street, office			(If in Baltim	ore City, give	exact lacation)	
	OR CONTRIE	5-	nome	, iorin, rociary, street, onk	e brug., etc.)	JOKI OCCOK:				
≥ 22D. TIME (Manth) (Day)	(Yeor)	(Hour) 22	E.INJURY OCCURRED	2:	F. HOW DID IN	JURY OC	CUR?		
OF INJURY (APPROX.)					WHILE					
23.			m. W	ORK ATV	VORK					
	fy that I held	on Ind	wirv 🗌	Inspection Au	topsy X	and that on t	his basis	. deoth in m	v oninion	
result	ed fram: Natu	rai cause	A	cident Suici				ined manne		
ACTUAL	1:100	. 1	20-			HIEF MEDICAL I				DATE SIGNED
SIGNATU	IRE //	Wy.	11	M.C	ASSIS	TANT MEDICAL	EXAMINER	X		- /1 / / / 0
EXAMINE NAME (T		er U.	Spitz,	M.D.	ASSO	CIATE MEDICAL I	EXAMINER			5/14/68
24A. BURIAL CREM	AATION, 24B.	DATE	340	NAME OF CEMETERY	or CREMATO	RY 24D.	LOCATIO	N (City, to	own, or county)	(Stote)
REMOVAL (Specif	0 2-	-19-	-68 V	And I !	// /	1111	-Le	. I.A.	11/	1
25% DATE REC'D	BY HEALTH DEP	T		OF REGISTRAR	250	UNERAL DIRECT	OR	meny to	ADDRESS	
ZUM. DATE REC D	DI HEALIN DEF		230. INMITTE	OF D	0 200.	1 / DIRECT	117	1	11	100
3.6	AY 171	968	P 0. 6	E STOLDEN	Stal	Thurs 71	Home	- Fer	weater	4/10
					6/1					

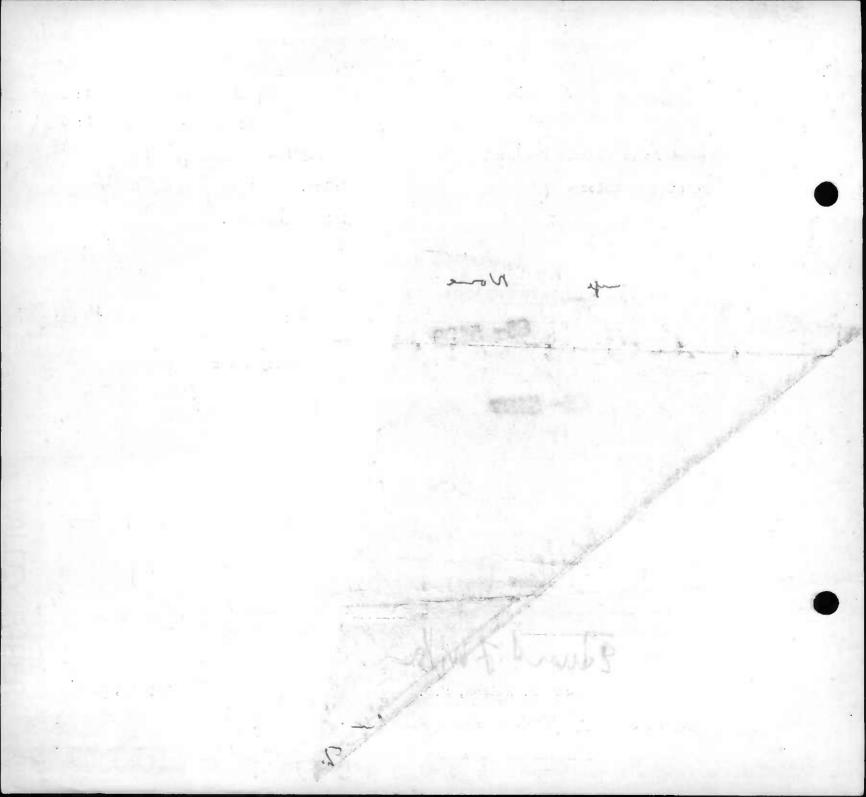


E-615

68- 5194 BALTIMORE CITY HEALTH DEPARTMENT

68- 5194

RII	RTH NO.		MED	ICAL	EX.	AMINER'S	CERTIF	ICATE	OF	DEA	IH REG.	NO			
1.	NAME OF DEC	EASED					2. DATE	Known	K.	Month	Doy		Yeor	Hour	
(Ту	oe or Print)	7	OORA J	ERVIN			OF DEATH	Estimoted	а 🗆	5	1.4	6	8	2.45	- M
4.	PLACE IN BALT				ONOU	NCED DEAD	3. DATE			Month	Doy		Yeor	Hour	P
	L NAME OF	(IF NO	T IN HOSPITA	L OR INSTI	MOITUTI	N, GIVE STREET	PRON	DUNCED DEA	-	Mav	14	1	968	2:45	D
	SPITAL INSTITUTION	ADDRE	SS OR LOCA	IION)			5. USUAL	RESIDENCE (1111
	13				-		A. STATE	1	. 1		B. COUN	11A			
6	Joh SEX	ns Hop	okins F				TIC. CITY C	Marylar	na		TD INSI	DE CITY LI	MITS2	1	
	JEX.	/ · KAGE				NEVER MARRIED				100	7			Lagran	
	emale	Colo		WIDOW		DIVORCED		AND NUMB			1	VES K		NO L	
7.	DATE OF BIRTH	1	10. AGE (In			r 1 Yr. If Under 24 Hr Doys Hours Min		AIND INDINE	EK				U	3	. 1
	t		37					32 Ashla	and	Ave.					-
Н.	BIRTHPLACE (S	tote or foreig	in country)	1		IZEN OF IAT COUNTRY?	13. FATHE	R'S NAME							
	DoriLTo	- 5.0			11	37	(he							
	USUAL OCCUI			148. KIND	ÓF BU	SINESS OR INDUST	RY 15. MOTH	ER'S MAIDEN	NA.	ME					
0011	17-	seemed	a.	7	Vo	-c	1	1		_					
	WAS DECEASE					7. SOCIAL	18. INFO	MANT	-			ADDRE	SS		
(Ye	s, no or unknown)	(It yes, give	var ar dotes	of service)		SECURITY NO.	Ma	11.1 .	.1	A. H	4.3	510	N.	Strick	en Si
	19.	^				CAUSE OF DE	ATH	Alphan	7	134000	· v p	2~1	API	PROXIMATE IN	
	3/1.	9 1											BETWI	EEN ONSET A	ND DEATH
		E OR COND		CTLY											
		ot meon the		ing eg		(A)IMMEDIATI	CAUSE R AS A CONSE		tty	live	<u>c</u>				
	heort foilure,	osthenio, etc	. It meons the	diseose,		00210,0	K AS A CONSE	QUENCE OF:							
	injury or con	ipirconon with	tii consed de (Jiii.)											
		NTECEDENT				(8)									
	DISEASES O	R CONDITI	ONS, IF ANY	ING THE		DUE TO, O	R AS A CONS	EQUENCE OF:	:						
7	UNDERLYIN	G CONDIT	ION LAST.			(c)									
CERTIFICATION	581.0		11		_	· · · · · · · · · · · · · · · · · · ·							-		
1	OTHER SIGN	IFICANT CO	IDITIONS C												
E E		CONDITION			NAL										
7	20A. DATE OF	OPERATION	1 208. COI	NOITION	FOR W	HICH OPERATION	WAS PERFOR	MED				21.	AUTO	PSY? (Yes	r No)
II	2													YES	
7	22A. EXTERI	VAL CAUSE	WAS	12	228. PL	ACE OF INJURY(e.	g., in or obout	22C. WHERE	DID	(If in Boltim	ore City, giv	re exoct loc	cotion)	ILO	
MEDIC	UNDERLYING	OR CON	TRIB-		home, f	orm, foctory, street, of	fice bldg., etc.)	INJURY OCC	CUR?	`					
E	UTING L CA		Ooy) (Yeo	r) (Hour) 22E	INJURY OCCURRE)	22F. HOW D	ID IN	JURY OCC	CUR?			_	
	OF INJURY	((100	(WH	ILE AT NO	OT WHILE								
	(APPROX.)				m. WO	RK L AT	WORK L								
		ify that I h	eld on 1	nguiry [7 1	nspection A	utapsy X	and that	t on t	his basis	, death ir	my anir	nian		
				IV-					1				ituii		
	result	ed fram:	atural cau	ses P	Acc	ident Suic	ide 📙 📗	iomicide 🔲			nined man	ner 🔲			
	ACTUAL	1	111	. 6	1	110/0		CHIEF MEDI						DATE SIG	NED
	SIGNATU	JRE (ann	04	1	VVIIV	.D. AS	SISTANT MEDI	ICAL	EXAMINER	444				
	EXAMIN				V		ASS	OCIATE MEDI	ICAL	EXAMINER			-		
_	NAME (T			F. Wi		n, M.D.						May 1			
	A. BURIAL CREA MOVAL (Specif		48. DATE		24C.	NAME of CEMETER	Y ar CREMA	ORY	24D.	LOCATIO	N (City	, town, or	county)) (Sto	te)
"	Burin	2	5-19	-68	1	Joril for	an.		1	10-161	ton	5	60 [L Care	L, Na
25	A. DATE REC'D	BY HEALTH	DEPT.	258. N	AME O	F REGISTRAR	25C	FUNERAL DI				// ADDR	ESS,	10	4 10
			- 1000	100		o T.o.		7 Jong			man !	10-0	Noi.	110-	11
		MAY 1	7 1968	105.0	19:11	Es Ton Bear	14	whend	V-	س ، س	12	mad 14	~	Brille.	not.
VS	151-REV. 1/1/68			4	1962			· 1		*					



BALTIMORE CITY HEALTH DEPARTMENT 68- 5195 CERTIFICATE OF DEATH REG. NO. 2. DATE AND HOUR OF DEATH KEEd 5-16-68 BERTHA REID 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 8. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND CITY OF BALTIMORE D. INSIDE CITY LIMITS? C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER HOPK INS HOSPITAL 1030 NORTH DURHAM STREET 12-6-191 9. AGE (In yeors If Under 1 Yr. Months - Days If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED Haurs : last birthdoy 12-06-17 WIDOWED XX DIVORCED 10A. USUAL OCCUPATION (Give kind of wor Hone during most of working life, even if retired) FEMALE | NEGRO | WIDOWED | MX DIVORCED | 12-06-17 | 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? 4. MOTHER'S MAIDEN NAME S. Was Deceased Ever in U. S. Armed Forces?
Yes, no or unknown) (If yes, give war ar dates of service) ADDRESS 6. SOCIAL SECURITY NO. APPROXIMATE INTERVAL OF BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

(This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES

JOHNS

DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., NJURY OCCUR? OR CONTRIBUTING CAUSE OF etc.) DEATH (natify medical examiner) 21 D. TIME (Month) (Day) (Year) 21 E. INJURY OCCURRED (Haur) OF INJURY Not While While At

198. CONDITION FOR WHICH OPERATION

21F. HOW DID INJURY OCCUR?

(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 5-HIS PATIENT HAD EXPIRED BRFORE ARRIVAL that (I) (we) last sow the deceased alive an

WAS PERFORMED

5-16-68

ond that in (my) (aur) opinion death accurred on the date and hour and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.

23 B. DATE SIGNED Attending Med.

23C. PHYSICIAN'S

Phys.

24C. NAME of CEMETERY OF CREMATORY

Shaff Director ___ Phys. 5-16-68

23 D. ADDRESS

JOHNS HOPKINS HOSPITAL DEGREE

24D. LOCATION (City, tawn, or couply (Stote)

(If In Boltimore City, give exoct location)

24A. BURIAL CREMATION, 24B. DATE 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

JANSSON

25C. EUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

23A. SIGNATURE

171X

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDERLYING

ATION

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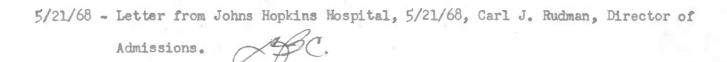
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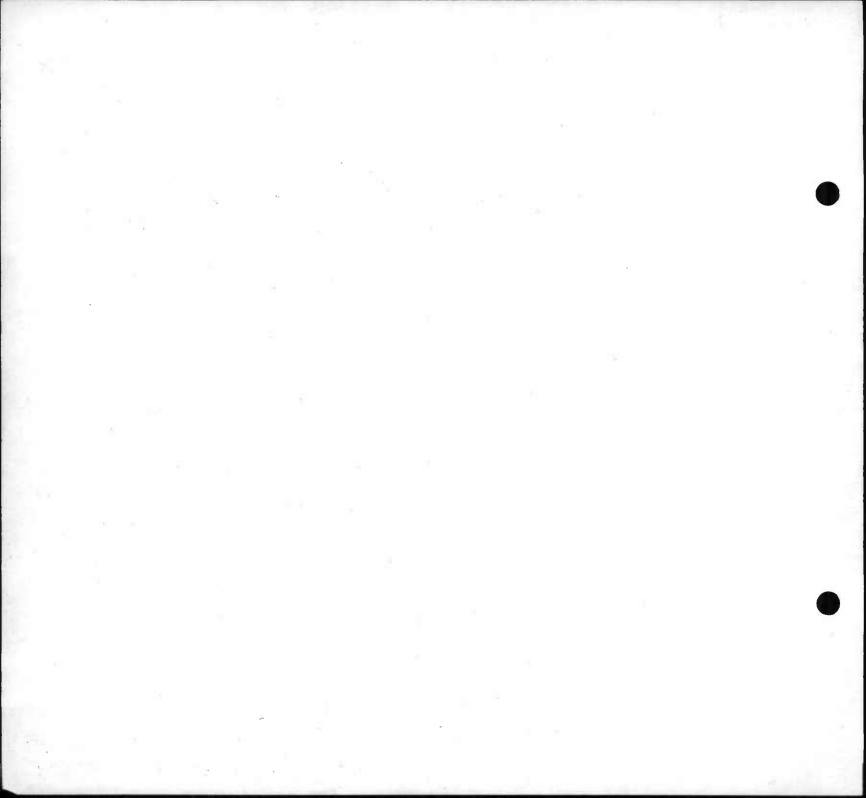
of death Deceased

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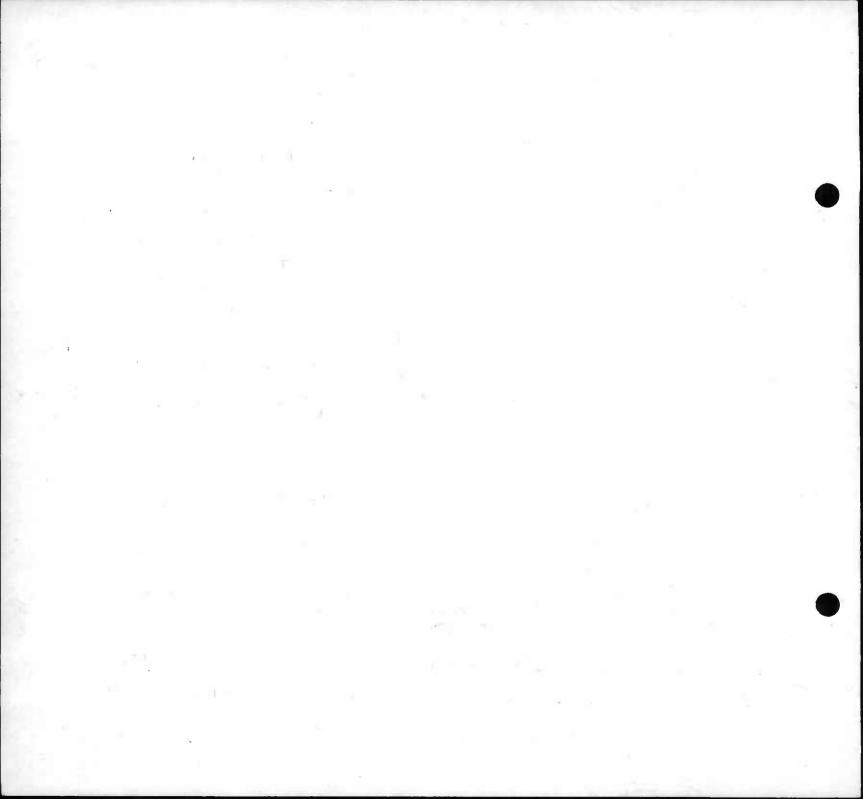
hospital

12, CITIZEN OF WHAT COUNTRY? and that in(my) (aur) apinian death occurred an the date Attending [Med. Staff Director L 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A, BURIAL CREMATION 24D, LOCATION (Stote) (City, town, or county) 25C FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/68



BIRTH NO

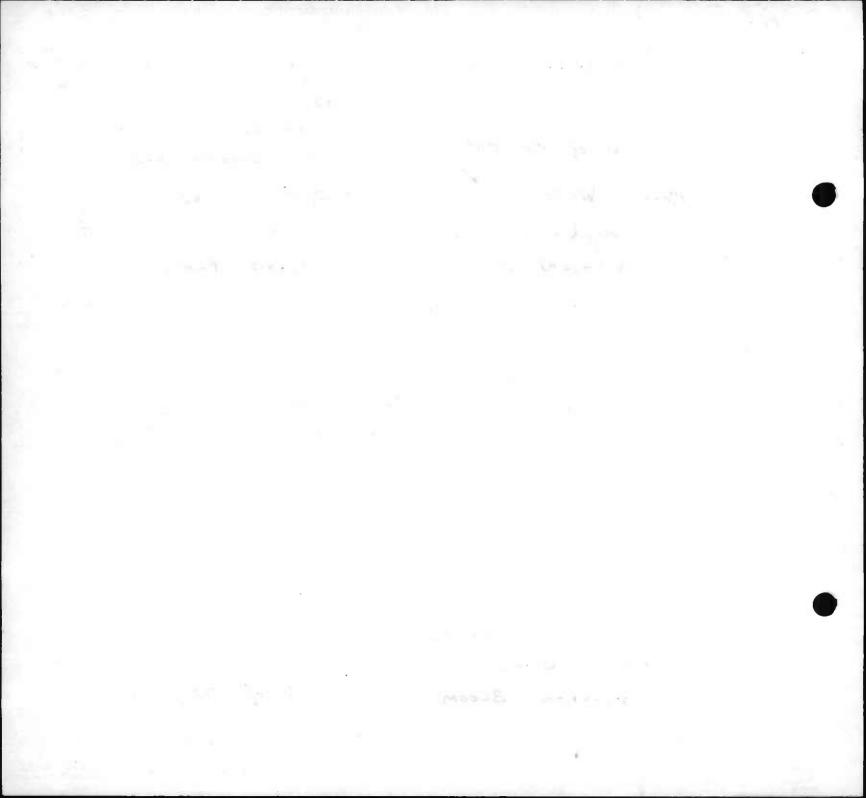
Such of death (5) Deceased 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) LILLIAN MC NEILL Max no a hospital death. 4, USUAL RESIDENCE (Wase deceased lived, If institution; residence befare admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY A. STATE MARYLAND Cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR BALT IMORE cause; attend 0 YES NO THE JOHNS HOPKINS HOSPITAL prior E. STREET AND NUMBER contributing 1602 MILLIMAN ST. occurred etermined is made regular 9. AGE (In years 5. SEX 8. DATE OF BIRTH 6. RACE If Under 24 Hrs. 7. MARRIED NEVER MARRIED Haurs deceased Months Doys EMALE lost birthdoy NEGRO WIDOWED DIVORCED IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life; even if getired __ or Dud SD MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct (4) GARLAND MARGARET eath On kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces' 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. attendance any CAUSE OF DEATH APPROXIMATE INTERVAL 0 pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE mbalmed of LEADING TO DEATH MOULS CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the disease, Ular chief medical examiner xaminer. injury or camplication which caused death.) ANTECEDENT CAUSES 6 0 who re are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the 3 2 physician UNDERLYING CONDITION last. remains medical MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body the 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION O WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Nohe before by the 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) (2) where hospital °Z MEDICAL DEATH (notify medical exominer) etc. nature; obtained (Hour) 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Yeor) 21E. INJURY OCCURRED 9 OF INJURY approved (except While At Not While [(APPROX.) At Wark Work pup to the any 22. I certify that (1)(this haspital) attended the deceased from... 19 68 0 % that ((1) (we) lost saw the deceased olive an and that in (my) (our) opinion death occurred on the date pe of eath) hospital ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B. DATE SIGNED b 1968 Attending Phys. Med. Staff 10 Director L approval Phys. 0 23C PHYSICIAN'S 23D. ADDRESS prior Was to PKINS HOSPITAL THE JOHNS H JOHN D GRABER 4 24A. BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) eceased the body 0.0 REMOVAL (Specify) shows: 25A. DATE REC'D BY SD NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS 3 70 VS 150-REV. 1/1/68



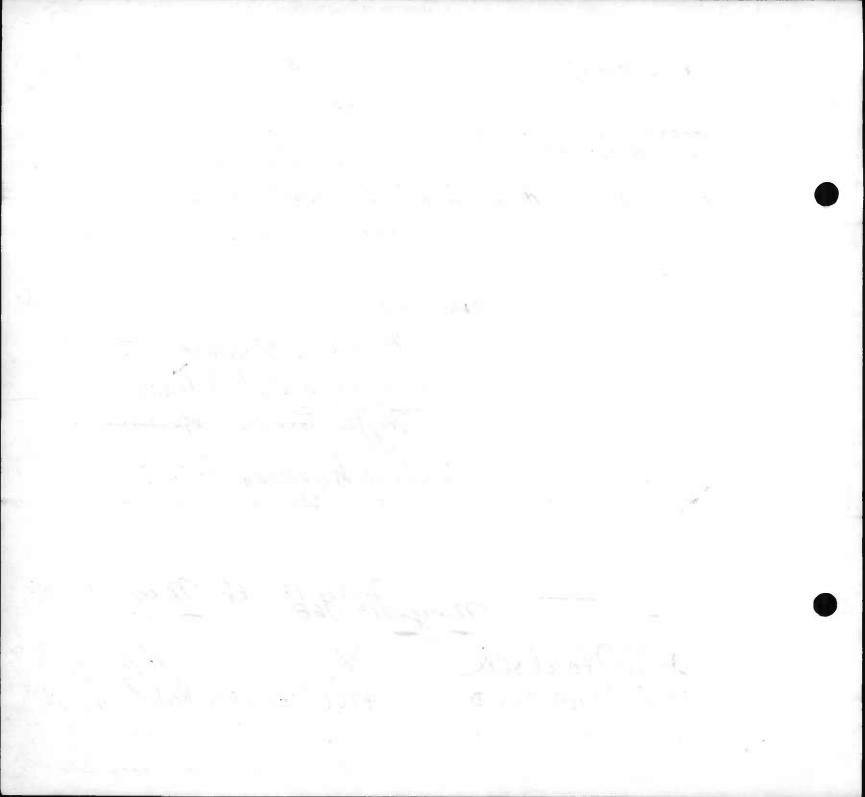
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

						BALTIMO	ORE CITY	HEALT	H DEP	ARTMENT					00.	519	R
RIP	TH NO.		68	- 51	198	CERTI	FICA	TE C	OF D	EATH		RE	G. NO		00-	ULU	10
1.1	AME OF DECE			-						2. DATE		HOUR (OF DEAT	Н			
	pe or Print)	KOBE	RT	E,	ST,	LEG	ER	SE	7		5	-1.3	-6	8		1:0	OP.N
3.	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE PRO	NOUNC	ED DEAD	/	4, USU A, STA	AL RES	B. CO	heie di	eceosed	lived. If	instituti	ion: lesiden	ce before o	dmission)
FU	LL NAME OF	(IF NOT	IN HOSPIT	AL OR IN	STITUTIO	N, GIVE STE	REET	1	MAI	RYLA	ND		17	-	70		
	STITUTION	TTLE	Sis	TERS	OF	THE ?	POOR	-	OR TO		a		D. I		ITY LIMITS?		
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		ALTIN	-			TND 2	1202	12	00	VAL	LLE	Y	STI	REE	=7		
5. 5		6. RACE	/	T-	IED 1	NEVER MARI	RIED	B. DATE			9. 4	GE () n birthdo	yeors		Under 1 Yr. nths Doys	If Unde	r 24 Hrs. Min.
	USUAL OCCU											country)		12.	CITIZEN O	FWHAT	COUNTRY
on	e during most of w	roiking life, evi ROAP	en if retired)	RAI	LROP	4 P		BA	LTI	MORE	. /	MAI	RYLA	ND	U	S.A.	
3.	FATHER'S NAM			<u> </u>						MAIDEN N	/		-				
	\mathcal{B}	ARTH	OLEN	1EW/					MA	RY F	INA	1 =	GL	186	.11		
S.	Was Deceased s, no or unknown)	Ever in U. S.	Armed For	ces?	16.	SOCIAL SECURITY N	10	17. INFO	KWAN	1					ADD	108	V 57
	No				70	5-05-	-8477	L17	TLE.	SISTE	RS	OF.	THE P	200	BALTI	MARE	MO
	1B. 238	-//			1	CAUSE O									APPI	ROXIMATE IN	TERVAL
		OR CONE		RECTLY				1	, ,	A					111	1	ND DEATH
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	heort foilure,	slhenio, elc	. Il meons	the disec		DUETO	O, OR AS,	CONSE	ONENC	E QF;			6				
	injury or com			deolh.)			12	6	1	A							
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	rise to the					DUE (F	O, OR AS	A CONS	EQUEN	CE OF:							
	UNDERLYING					(c)											
Z	237	ANT COND	TIONS CO	NTRIBUTIN	vG									_			
ATIC	TO THE DEATH	BUT NOTRE	LATED TO TH	HE TERMIN	AL												
RTIFIC,	19A. DATE OF			DITION FO	OR WHIC	CH OPERATIO	NC	20A.	AUTOP	SY? (Yes or	No) 20 IN	B. IF Y	ES, WER	E FINDI	NGS CON	SIDERED 1?	
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	ISE OF		21 B. PLA home, fo etc.)	CE OF INJU	JRY (e.g., ir street, of	or obou	1 21 C. W	YHERE DID Y OCCUR?		(16	in Boltim	nore City	, give exac	t location)	
ED	21 D. TIME OF INJURY	(Month) (D	oy) (Yeoı)	(Hour)	21 E, INJ	URY OCCUI	RRED		21 F. H	OW DID I	NJURY	occı	R?				
\$	(APPROX.)				While A	' 🗌	Not While At Work										
	22. I certify	that (1) (thi	s haspital) attende	ed the d	eceased fr	am				196	5 1	a ·	5,1	13.	19	6P
	tho! (i) (we)				de	5.13		19	68	ond				pinian	death acc		
	and hour and	from the co	auses stat	red above	. (I) (W	e) (did) (di	id not) vi	ew the	body o								
	23A. SIGNATUR			1		1)	T								DATE SIGI		
	7	toon	lux	(m	Kee	Sel.	Atter Phys	ding 7	1 0	Med.	Staff Phys				5.1	5.6	P
	23C. PHYSICIAN NAME (Ty	ne)	VI	1	/	M D	OREE	3D. ADI	ORESS		,			7)		Aa
24A	BURLAL CREM		LEYF	,		of CEMETER	DEGREE A	101		DENC	HOLA		ANE	D	ALTIM	ORE, I	(State)
	REMIDVAL IS		MAIL	17/60	M	111- 4	hat	1/00	/2-	0 1	12	011	tin	City, to	0	1171	(31016)
2SA	DATE REC'D	BY HEALTH	DEPT.	25B. NAN	AE OF RE	EGISTRAR	un	256	FUNER	AL DIRECT	68	w	WI	we	C MAI	DD RESS	102
	M	AY 20	1968	RO.	8-8	Fa. a.	A.A.	12	2/1	1. IL	Pni	MI	Was	no	(In)	0000	7
			10	TO MANUFACTURE			The same of the sa	V /	WIA X	M.1111	INV	VY	1001	6 Comments	0.00	-WNO	De -

	BALTIMORE CIT	Y HEALTH DEPARTMENT	68~ 5199
	68- 5199 CERTIFICA	ATE OF DEATH	REG. NO.
	RTH NO.	2. DATE AND H	OUR OF DEATH
	PERDINAND A. HOCH	5	/17 /68 8 P.M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where dec	ceosed lived. If institution; residence before admission)
ll H¢	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DESPITAL OR ADDRESS OR LOCATION)	MD,	D. INSIDE CITY LIMITS?
	10	BALTO.	YES NO
7	38 U. of Moi Hosp.	E. STREET AND NUMBER	N DON AVE
S.	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 9. Af	OF (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
104	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		puntry) 12. CITIZEN OF WHAT COUNTRY?
dor	Muniply (GL.455 M.Ag.	MD,	U.S.A.
13.	FATHER'S NAME (14. MOTHER'S MAIDEN NAME	
	NICHOLAS HOCH	MINNE	FLACK
1 S. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	THE ORDINATION OF THE ORDINATI	710011100
	NO NONE 217-01-3277	Mildred Hock	1306 GLYNDON AUE
	DISEASE OR CONDITION DIRECTLY		BELWEEN ONSEL AND DEATH
	(This does not meen the mode of dying, e.g., heart foilule, osthenio, etc. It means the disease, injury or complication which coused death.)	USE METASTATIC	za ro okan
	ANTECEDENT CAUSES	VIIT MALIGNAN	cy of ver
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR A	SA CONSEQUENCE OF: VADE	TERMINEN
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	ASTATIC CA T	o eunt
z	199,2 11		·
101	TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes o No) 20	B, IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF CAUSE	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
MEDIC	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21 F. HOW DID INJURY	OCCUR?
	22. I certify that (1) (this hospital) attended the deceased from	5 / 15 19 6	1 ta 5/12 1968
	that (1) (we) last saw the deceased alive an	19 6 K and that in	(my) (aur) apinion death occurred on the dote
	ond hour and from the causes stated above. (1) (We) (did) (dld not)	view the body ofter death.	228 DAYE SIGNED
	1	tending Med. Stoff ys. Director Phys	238. DATE SIGNED 5-17-68
	23C. PHYSICIAN'S NAME (Type) WILLIAM BLOOM	23D. ADDRESS	MD. HOSP.
24.	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		TION (City, town, or county) (State)
	BURIAL 5-21-68 6LEW HAW		NBURNIE Md.
25.	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	CEO. L. Schill A	between 2:01 it rederich live
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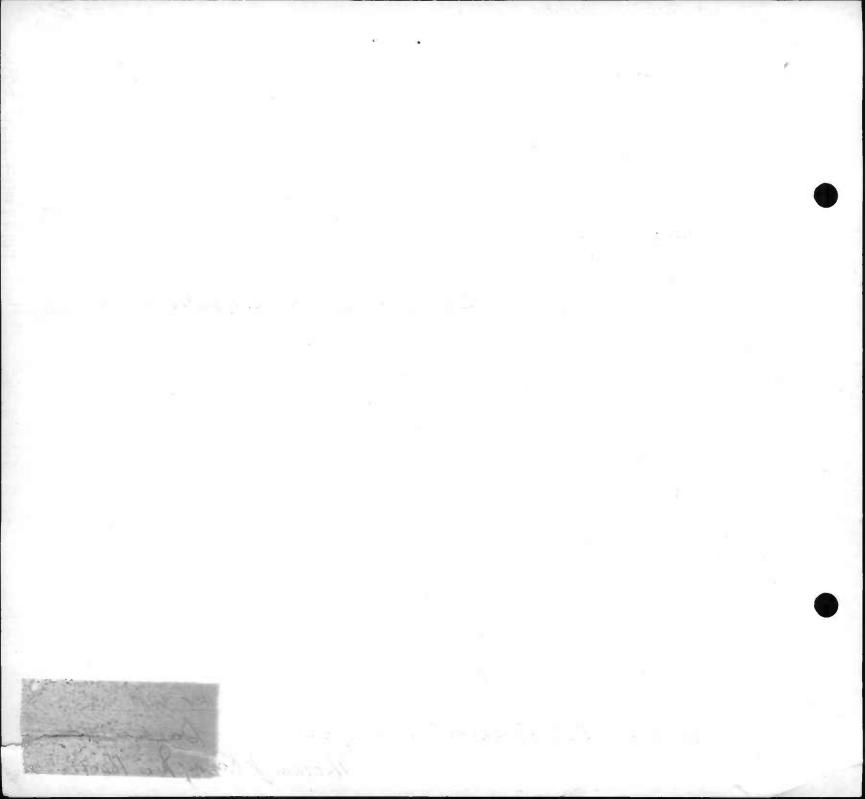


	CO. COGO BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRT	H NO. 68- 5200 CERTIFICA	ATE OF DEATH Registered No.
M,E	CASE NO.	2. DATE AND HOUR OF DEATH
1/Two	ne or Print)	5-13-68 4 33 P M
3. 1	THE PARTY IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
		A. STATE B. COUNTY
	ULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	HARSORD GARDENS NURSING hoime	D. STREET ADDRESS (If rurol, give locations)
11	4700 HARFORD Rd. Balto. Ind	
-		3209 JUNGAU PLACE
5. S	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min,
_/	W Never imarried	Tone 3, 1882 83/65 Y 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF
	USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR	WHAT COUNTRY?
uon	Operator . C-P. Telephone	& BAltimore md U.S.A.
13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1111. 0 11 11
F	beorge //ehr	17. INFORMANT ADDRESS
(Yes	Was Deceosed Ever in U. S. Armed Forces? ,no or unknawn) (II yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.	
	222-10-0347	Mrs. Clara Rudy - 3912 Pineland ST.
	18. 11 2 2 CAUSE	OF DEATH FRITTEN, VA INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	A DEATH
	LEADING TO DEATH	emic replicemia 50kis
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	1 0// 1 = -1.0:
	injury or complication which coused death.)	TON LO LO (ON ATIO) (- (di NON)
	ANTECEDENT CAUSES	enorous variables
	DISEASES OR CONDITIONS, if ony, giving	elated to all all all and
	rise to the above cause (A) stating the UNDERLYING CONDITION lost.	apperlession apperagelesses
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z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	al Nom with a se I tuly (966
ICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTORSY? (Yes or Not) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFI	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
AL	DEATH (notify medical examiner) home, form, factory, street, etc.)	onice plag., INJUKY OCCUK!
DIC	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY (APPROX.) While At Not Wh	
	(APPROX.) Work At Work	7 0 16 11 m 12 10
	22. I certify that (I) (this heepital) attended the deceased from	July 18 1906 10 / May 13, 1908.
	that (1) (wa) lost saw the deceased alive on May	13.18.16. and that in (my) (or opinion death occurred on the date
	ond hour and from the causes stoted obave. (1) (Wa) (did)	view the body after death.
	23A: SIGNATURE	12 BOATE SIGNED 10 C
		Hending Med. Staff Phys. D
	23.0°, PHYSICIAN'S	ys. Director Phys. Phys.
	NAME (Type)	Was a harrow II a stallimore
0	MOLD WO	1100 11111010 Mora margaret
244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	
	Burial 5/16/68 Loudon Park	(Cem. Balto, Md.
25 A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25G FUNERAL DIRECTOR ADDRESS
	TO 20 1968 A D & O Fr. OLINA	John C. Wille In. 6415 Belo. R.
1/5	NO DEV 1/1/AFTER A VIDUO UL VIDO C.	//



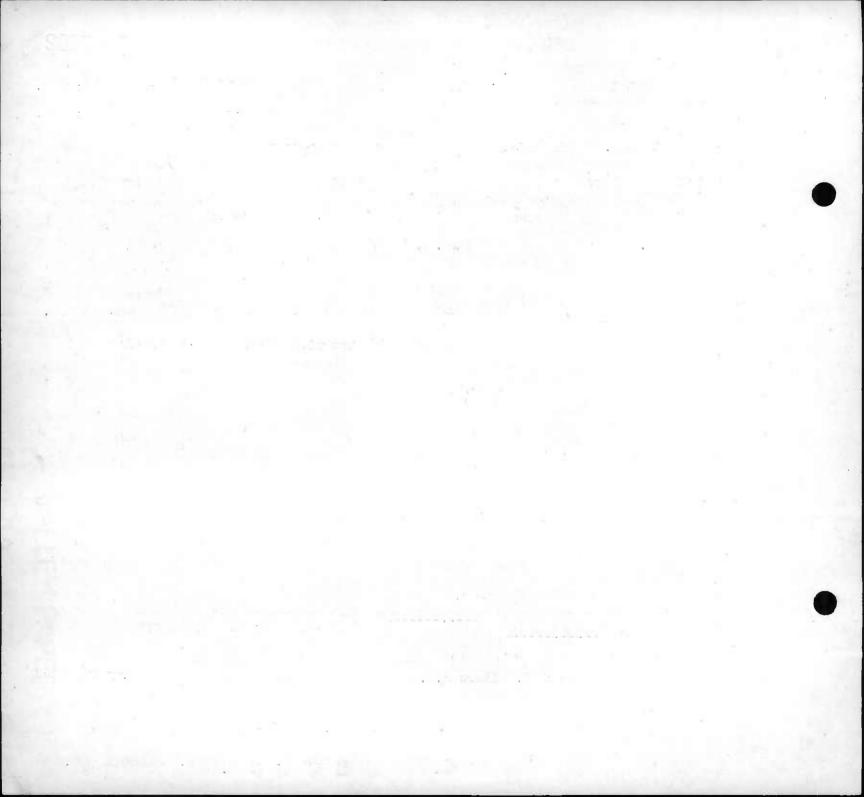
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	hospital and use of death (5) Deceased dance on the death. Such	3. FH 10 3. 13 15 (Y)
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	ting d ca r at r at prio	
	ribu nine gula ed mad	S.
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	if dect was was the pos	13
RTANI	the dir kind; (death nce on final dis	1 S.
IMPO	Also, if e of any counced attenda	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
	dy wed a	24
	This ce the bo shows: was D. deceas	25

	68- 5	SON BALTIMORE CITY	HEALTH DEPARTMENT		68- 5201			
>		CERTIFICA	TE OF DEATH	REG. NO	00 0201			
- 11	BIRTH NO.	•		D HOUR OF DEATH				
	(Type or Print) Leroy Willel		May	1 19 196	68 15 DA M.			
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wylen	deceased lived. If i	nstitution: residence before admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	c. CITY OR TOWN	0.10	ID CIVILIMITS			
	Bon Seconds Hosp	, tal	E. STREET AND NUMBER		+ Hur 21223			
			01200	AGE (In years	7702			
	Male white widow		12-18-96	ost birthdoy)	Months Days Hours Min.			
	TOA, USUAL OCCUPATION (Give kind of work 108, KINE done during most of working fite, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?			
1	13. FATHER'S NAME		14. MOTHER'S/MAIDEN NAM	A E	0.511			
	George U.ller		2					
	S. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	17 INFORMANT	m W M	ADDRESS			
	YES = 1	217-01-6480		P. Miller	2/25-WEARROUNT			
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	n		BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE CARDIAC	ARREST				
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	ANTECEDENT CAUSES (B) A RTERIO DE ROTIE HEART DISCASE DISEASES OR CONDITIONS, IL any, giving DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the above cause (A) stating UNDERLYING CONDITION lost.							
	4 20.0 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	O THE DEATH BUT NOT RELATED TO THE TERMIN TO THE DEATH BUT NOT RELATED TO THE TERMIN TO SEASE OR CONDITION GIVEN IN PART I. (A).		***************************************					
	198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING OR CONTINEUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, a etc.)	n or about 21 C. WHERE DID ffice bidg., tNJURY OCCUR?	(If in Baltima	ire City, give exoct lacotian)			
	21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?				
	(APPROX)	White At Not While At Wark		10				
	22. I certify that (1) (this hospital) attended	10.01 1 10	4.0	7	(ay 19 19 68.			
	that (I) (we) last saw the deceased olive			ot in (my) (our) op	inion death occurred on the date			
	ond hour and from the causes stated above 23A. SIGNATURE	e. (1) (We) (did) (did not) v	riew the bady ofter death.		23B, DATE SIGNED			
	11101 1100		ending Med. Director	Staff Phys.	5-/19/60			
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	100000000000000000000000000000000000000				
	ADRIAN V. LICLA	RIN INPEGREE	But Secu	RS HOY B	ALTO WD.			
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRI	EMATORY 24D. LO	CATION	ity, town, or county) (Stote)			
	25A. DATE REC'D BY HEALTH DEPT. 125B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Ha	ADDRESS			
	MAY 20 1968 00	A D FR. Owner	Thana &	Kenny h	Le 1600/ tollows			
	VS 150-REV. 1/1/6B	A ALLEN						



		1,5 40		UZ BALTIMORE CITY HE							0.00
Diametria i		MED	ICAL	EXAMINER'S	CERTIFI	CATE	OF DEA	ATH REG.	No. 68	3- 5	202
BIRTH NO. 1. NAME OF DECE	EACED				2. DATE	Knawn [7 14	D .	V.	fu	
/T	LVIN			DOWELLS	OF DEATH	Estimated	Mas	y 18, °1	.968	5	35 P.
4. PLACE IN BALTI	IMORE, M	ARYLAND, W	HERE P	RONOUNCED DEAD	3. DATE		Month	Day		eor Hou	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	OT IN HOSPITA	LORINS	STITUTION, GIVE STREET		UNCED DEA		18, 19			35 P.
)1 W.	North A	venu	e	A CTATE	Marylan		B. COUN		ince before	bamissian)
6. SEX	7. RACE		B. MARI	RIED ENEVER MARRIED	C. CITY OR	TOWN		D. INSI	E GITY'LIM	ITS?	*
Male	Neg	ro		WED DIVORCED	Balti	more			VEC PET	- Car	0
9. DATE OF BIRTH		10.AGE (In		If Under 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMB	ER		112	100	
12-5-26)	lost birthdo	1 44	Months Doys Hours Min.	2801	Wort	h Aven	110			
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Md.	are or rare	ign country)		WHAT COUNTRY?			owells				
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dane during most of wo	orking life, e	ven if retired)			1 -	Robi					
	D. FMFD (A	111.6. 40.450		co 117 cocus			115011		ADDAEC		
16. WAS DECEASE				CE CLICATIVALO	IB. INFOR		- 7 7	201	ADDRES		0.1
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DISEASE	ORCON	DITION DIREC	TIV	Hypertens:	ive Art	erioscl	erotic	Cardio	vascu1	ar	
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(This does no	t mean the	mode of dy	ing, e.g.,	DUE TO, OR	AS A CONSEG	UENCE OF:					
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			1								
	TECEDEN			(B)							
DISEASES O	R CONDIT	IONS, IF ANY	, GIVING		AS A CONSE	QUENCE OF:					
UNDERLYIN	G CONDI	TION LAST.	INO III	(c)							
6				(0)							
OTHER SIGNI		II INDITIONS CO	NTPIRII	TING							
O THE DEA	TH BUT NO	T RELATED TO	THE TERM	MINAL							
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ZUA. DATE OF	OPERATIO	7N 208. COP	NOIIION	FOR WHICH OPERATION W	AS PERFORM	VED			21. A	UTOPSY?	(res ar Na)
3										no	
()		VTRIB-		22B. PLACE OF INJURY (e.g., home, form, factory, street, office	in or obout 2 e bldg., etc.)	22C. WHERE NJURY OCC	DID (If in Balt UR?	imore City, giv	ve exact locat	ion)	- 11
UNDERLYING		(Doy) (Yeor) (Hau	22E.INJURY OCCURRED		22F. HOW DI	D INJURY O	CCUR?			
OF INJURY		(50)) (100)	, (1100	'	WHILE		D 11130111 0				
(APPROX.)					VORK						
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resulte	ed from:	Notural cou	ses 🛛	Accident Suicio	de 🔲 🛮 He	omicide 🔲	Undete	rmined mon	ner		
	121			11/10		CHIEF MEDI	CAL EXAMIN	ER		0.455	CICNIED
ACTUAL	00	MILL	t	IVIS	ASSI	STANT MEDI	CAL EXAMIN	ER X		DAIL	SIGNED
SIGNATU		Edward	F	Wilson, M.D.).		CAL EXAMIN		M	ay 19	, 1968
NAME (Ty		Laward	Ι.	HILLOUII, III, D	A350	CIATE MEDI	CAL EXAMIN				
24A. BURIAL CREM REMOVAL (Specify	ATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY	24D. LOCATI	ON (City	, town, or co	unty)	(State)
Burial	,	5-22-	68	Balto. Nat!	1. Cem		Bal+	imore,	Man	rland	
25A. DATE REC'D E	RY HEALTH			NAME OF REGISTRAR		FUNERAL DI		THIOT E	ADDRES		
			1200.	or mediation	1200.	. J. HENTE DI					

Kelson F. Ho 1348 N. Calhoun St.



3-520

68- 5203 BALTIMORE CITY HEALTH DEPARTMENT

			00		BALTIMON							50	E0	02
DI	RTH NO.		MED	ICAL	EXAMIN	1ER'S	CERTIF	CATE	OF	DEAT	H REG. NO	00	- 52	00
1.	NAME OF DEC	EASED	THOMA	S J	JONES,	SR.	2. DATE OF DEATH	Known Estimote		Month	Day	Yeor	Hour	M
4.	PLACE IN BAL	TIMORE, MA	ARYLAND, V	VHERE PR	ONOUNCED DE		3. DATE			Month	Doy	Yeor	Hour	M
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTION, GIVE ST	REET		UNCED DEA		May	16,	1968	7:30	N
1	50	1806	W. Nor	th Av	renue		A CTATE	Maryla:		ieceoseo ii	B. COUNTY	M. Tesigence	perore odin	1331011)
6.	SEX	7. RACE		8. MARR	IED NEVER M	ARRIED -	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS?		
	Male	Ne	gro	WIDOW	ED DIV	ORCED -		Baltimo	ore		12	YES X	NO 🗆	
9.	1-25-		10. AGE (In lost birthdo 48	yeors y)	If Under 1 Yr. II U Months Doys H		E. STREET	1806 W		cth Av	, // =			
11.	BIRTHPLACE (S		gn country)		12. CITIZEN OF		13. FATHE	S NAME						
		va.			WHATCOUN	JTRY?	Her	rv Jo	nes					
				14B. KIND	OF BUSINESS C					E				
don	e during most of v	vorking lile, ex		Perf	ectGarme	ent. Co	Be Be	ssie						
	WAS DECEAS		U.S. ARMED	FORCES	? 17. SOCIA	L	18. INFOR			-	-	ADDRESS		
(Ye	s, no or unknown)	(II yes, give	wor or dates	ol service		33 02	Blos	sie J	ones	3	same			
-	19. / / /	2 11				JSE OF DEA		010	01101	,	Danie		APPROXIMATE I	
	7/	7			۸-		1		44	1 .	11		WEEN ONSET	AND DEAT
		E OR COND		CILY				ic care	ulova	ascula	ar dise	ase		
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		, osthenio, etc nplication whi												
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	RISE TO THE	E ABOVE CA	USE (A) STA	TING THE		002 10, 011	AD A 901131	TO THE OF						
Z	UNDERLYIP	NG CONDIT	ION LAST.		(c).									
CERTIFICATION	422.1		II											
S	TO THE DEA	ATH BUT NO	TRELATED TO	THE TERM	INAL									
분	DISEASE OR	CONDITION										- In A117	000110 /V	
띪	ZOA. DATE OF	OPERATIO	N 208. COI	NDIIION	FOR WHICH OPE	ERATION W	AS PERFOR	MED				21. AUT	OPSY? (Yes	or No)
ALC													No	
EDIC	UNDERLYING	_	ITRIB-		22B. PLACE OF I home, form, loctor	NJURY (e.g., y, street, office	in or obout e bldg., etc.)	22C. WHERE INJURY OCC	E DID (IF	In Boltimo	re City, give e	roct location)		
Σ	OF INJURY	(Month) (I	Doy) (Yeor	r) (Hou) 22E.INJURY	OCCURRED		22F. HOW D	ILNI DIC	JRY OCC	UR?			
	(APPROX.)				m. WHILE AT		VORK							
	23.													
	1 cert	ify that I h	eld on I	nquiry	Inspectio	n X Au	topsy	ond tho	t on thi	s bosis,	deoth in my	y opinion		
	resul:	ted from: N	lotural cou	ses X	Accident	Suicie	de 🗌 H	omicide [J	ndetermi	ned manner			
			1/ 1	-	0.	1		CHIEF MED	ICAL EX	AMINER				
	ACTUAL		Marko	J.	Jan	at	ASS	ISTANT MED	ICAL EX	AMINER	TX.		DATE SIG	INED
	SIGNATI		harlos	0 0	pringate,	M D		OCIATE MED	ICAL EX	AMINER	П м	077 16	1069	
	NAME (1		mar Ies	D. D	bringare,	, HeD.	733	- GIAIL MED	- Grib LA		Ma	ay 16,	1700	
	A. BURIAL CRE		24B. DATE	60	24C. NAME of				24D. L	OCATION	(City, tov	wn, or county	y) (St	tote)
KE	MOVABUTO	TET T	5-21-	08	Balto	. Nat:	ional	cem.	Ba	altin	nore,	Marvl	and	
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	AME OF REGIST	RAR	25C	FUNERAL D				ADDRESS		
						Buch		son F			. N. 8.		un St	e
1		211 0 0	4000	AL AL	Non-Pull AMERICA	California Committee	()		1					

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23A. SIGNATURE

Attending X 23D. ADDRESS

Director

May 16. 1968

Sidney

DEGREE 24C. NAME of CEMETERY OF CREMATORY

4700 Pennington Ave. 24D. LOCATION

(City, town, or county)

REMOVAL (Specify)

23C. PHYSICIAN'S

NAME (Type)

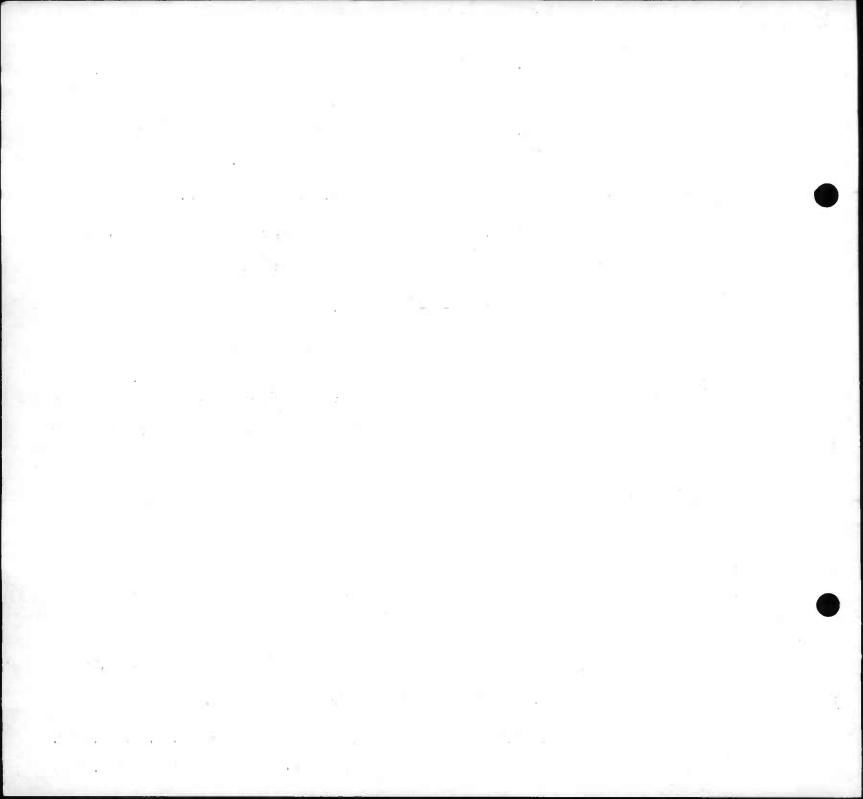
May 18, 1968 Holy Cross Cemetery
|25B, NAME OF REGISTRAR | 25C. F Ritchie Hwy. A. A. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION, 24B. DATE

2SC. FUNERAL DIRECTOR George J.

Gonce 4001 Ritchie Hwy. (25)



physician

°Z

9 (except ; and (6)

Body

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An D.O.A.

shows: (1) eceased

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to the hospital

the body was released

approved by

BALTIMORE CITY HEALTH DEPARTMENT 68- 5205 CERTIFICATE OF DEATH REG. NO. (4) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such contributing cause of death a hospital and BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Sabra V. Eppers /16/68 1:05 A.M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE Md. (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN INSIDE CITY LIMITS? Baltimore E. STREET AND NUMBER 36h8 Falls Rd. 3648 Falls Rd. occurred made 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Doys 5. SEX If Under 24 Hrs. MARRIED NEVER MARRIED last birthday Hours /18/1881 Female White WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) USA Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME assistant if Jacob Wilhelm Ruth S. Ingham death 0 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ance 218-32-0626 Eugene E. Eppers-3648 Falls Rd. No any APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH attend DISEASE OR CONDITION DIRECTLY CANIMMEDIATE CAUSE of aime LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, the chief medical examiner examiner. ular injury ar camplication which caused death.) e H ANTECEDENT CAUSES who 5 re are 4 DISEASES OR CONDITIONS, if any, giving 3 the abave cause (A) stating the tescular d physician UNDERLYING CONDITION last. the remains Was medical burns;

Ш 422.1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) U 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? CERTIF WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDI obtained (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from 19 68 that (1) (we) last sow the deceased alive on and that in (my) (our) opinion death occurred on the date ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body after death. must 23B. DATE SIGNED 23A. SIGNATURE Attending Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

Burial 25A, DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

5/20/68 Lorraine Park Cemetery 258. NAME OF REGISTRAR

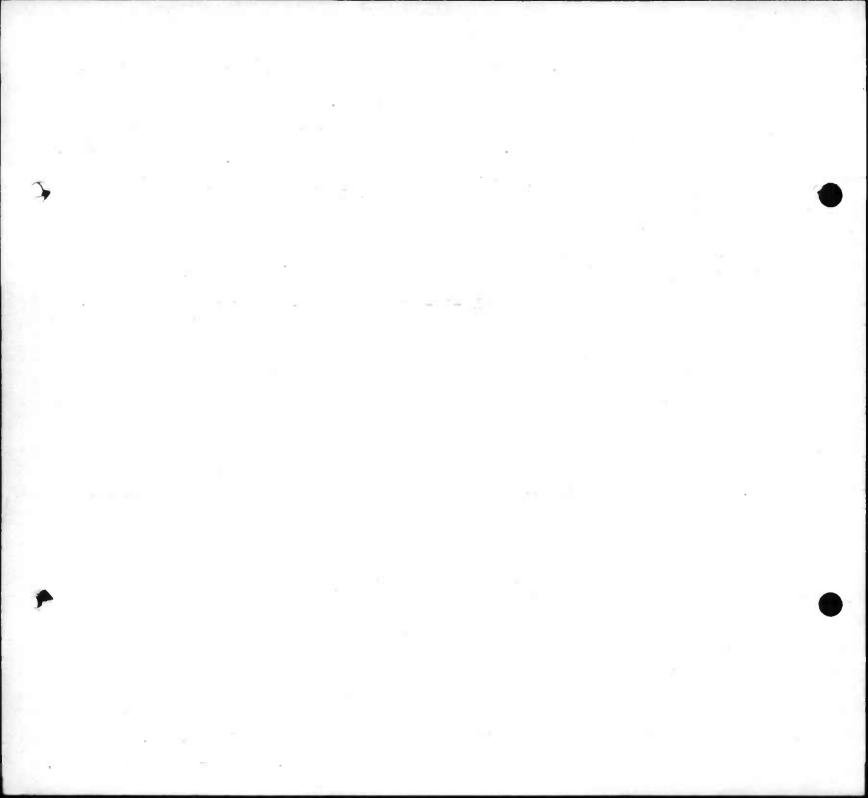
Baltimore.

ADDRESS

VS 150-REV. 1/1/6B

25C. FUNERAL DIRECTOR

.Donovan-3818 Roland Ave.



1.0	5000	BALTIMORE CITY HEALTH DEPARTMENT
00	3200	CERTIFICATE OF DEATH

68--5206 REG. NO

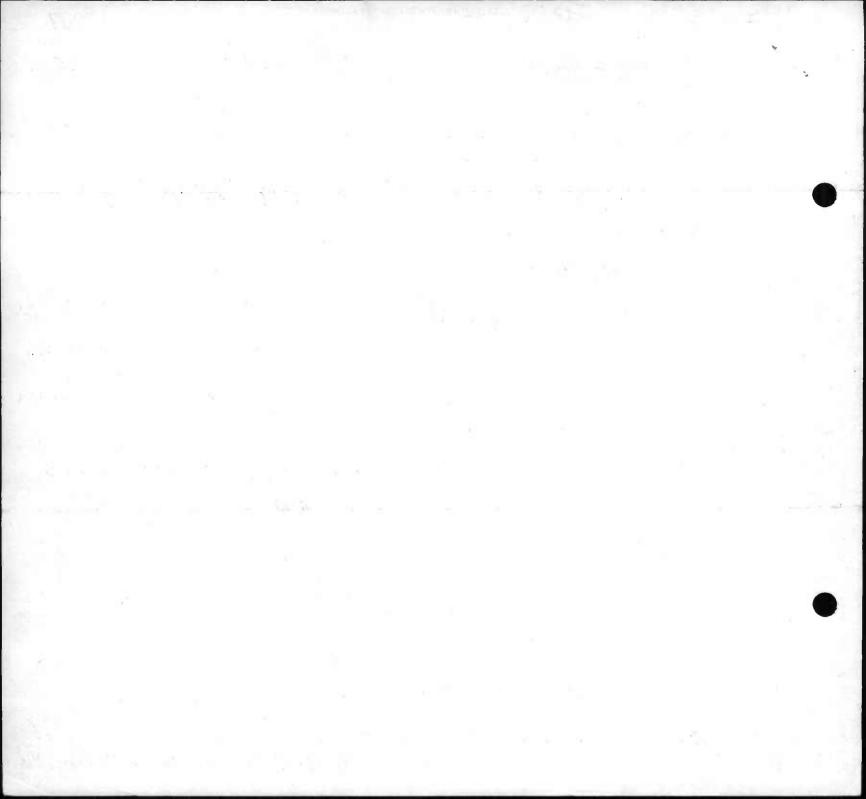
	CERTIFICATE OF DEATH
(Type or Print) Adam, Maude King 2. DATE AND HOUR OF DEATH 168 1:38 P.M.
¢	A. STATE ADDRESS OR LOCATION) WHERE PRONOUNCED DEAD A. STATE A. USUAL RESIDENCE (Where declared lived, If Institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS!
	NSTITUTION ME MOVIAL (ESP. E. STREET AND NUMBER MOTE)
5	SEX 6. RACE 7- MARRIED DIEVER MARRIED B. DATE OF FIRTH 9. AGE (In years lost birthday) Manths Doys Haurs Min.
	MIDOWED DIVORCED DIVORCED ON COUNTY (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, EIRTH/LACE (Stage of foreign county) 12, CITIZEN OF WHAT COUNTRY?
	ane during mast at warking lite, even if retired)
1	MAG- REST. 3. FATHER'S NAME Edward Sonders King 14. MOTHER MAIDEN NAME
	FAWARA SHELL MAN Halle Browning
	S. Wolf Deceased Ever in U. S. Armed Farces? Jes, na ar upknawn) (If yes, give war ar dates af service) 16. SOCIAL SECURITY NO.
1	18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H	DISEASE OR CONDITION DIRECTLY
	(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE (irrehosis (Nutriend)) DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF:
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
	UNITED STATE OF THE TERMINAL DISEASE OF CONDITIONS GIVEN IN PART 1 (A).
1	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A, AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF hame, form, foctory, street, affice bldg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Haut) 21E. INJURY OCCURRED (APPROX.) While At Wark At Wark
	22. Learnify that (I (this haspital) attended the deceased from 19 to 19 to 19 to
	and hour and from the causes stated above. (I) (We) (did) (did nat) view the bady after deoth.
	23A. SIGNATURE Attending Med. Shoft
	BARRY J. WECKESSER MD. 23D. ADPRESSTHE UNION MEMORIAL MOSPITAL OF THE STATE OF THE UNION MEMORIAL MOSPITAL MOSPITAL OF THE STATE OF THE UNION MEMORIAL MOSPITAL MOSPITAL OF THE STATE OF THE UNION MEMORIAL MOSPITAL MOSPITAL MOSPITAL MOSPITAL MO
	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or County) (State)
	DURIAU 5-17-68 MI OLIVET. BALTIMORE, MD 15A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS/ORE Rd
	MAY 2 1968 Robert E. Farley M. M. Cook Brooks Towson Towson md
1	'S 150-REV. 1/1/68

VS 150-REV. 1/1/68

00	COOM	BALTIMORE CITY HEALTH DEPARTMENT
00-	7026	CERTIFICATE OF DEATH

REG. NO	68	5207
REG. NO	55-	2501

9-5	BIR	CERTIFICA	TE OF DEATH
the	1. N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
on .	(Ty)	pe or Print) Medie Wenk	MAY 14-1968 2; 45 p.m.
-	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
ior to deat	HO	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	md - Charles Co. 58
to		MelcHOR NURSing Home	Welcome, Md YES NOW
2 4	11.	327 N. Charles STBalto, Ind 21218	E. STREET AND NUMBER
gular sed p made	5. 5		
- 01	F	emale white widowed Divorced	July 13, 1879 See In years II Under 1 Tr. It Under 24 Hrs. Months Doys Hours Min.
		N. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- p :	1	house work	Charles Co. Md. 45A
was the posi	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		HndREW Wenk	SUSAN MONROE
on on i di	15. (Yes	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY (NO.	17 INCORPAGANCE
deat final		NO ? UNK	Eugenie Scott-Niece - Welcome, Md.
00		184369 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
d e		DISEASE OR CONDITION DIRECTLY	
att		LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CALL (This does not mean the made of dying, e.g.,	
pror lar lar		heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
2 C		ANTECEDENT CAUSES	Rt- side Henripleyia 2 weeks
reg re e		(8)	A CONSEQUENCE OF:
- 0		rise to the above cause (A) stating the	A CONSEQUENCE OF
s ins		UNDERLYING CONDITION last, (C)	
sician was	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Rigad Anterioscheropis Years
phian	1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
physician ore the re	CERTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-		OP CONTRIBUTING CAUSE OF	
	CAL		
d (6) I	MEDI	OF INJURY	21F. HOW DID INJURY OCCUR?
d (<	(APPROX.) While At Not While At Wark	
an		22. I certify that (I) (this hospital) attended the deceased fram	
- 0		that (I) (we) lost sow the deceased alive on 5-14-	19.6.2 ond that in(my) (our) opinian death occurred on the date
ath st k		ond haur and from the causes stated above. (1) (We) (did) (did not)	view the bady after deoth.
deat deat must		23A. SIGNATURE	238, DATE SIGNED
40-		DEGREE Phy	ending Med. Stoff Phys. 5-15-68
at a hospita rior to death proval must b		23C. PHYSICIAN'S NAME ITYPE FEAR VALLE CAVERO	23D. ADORESS
was D.O.A. at a h deceased prior to written approval		OEGREE	8629 Liberty Road, Randallstown 21133
was D.O.A. at a h deceased prior to written approval	244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D LOCATION (City, town, or county) (Stote)
D. des	1	Burial May 17/968 Mit. Nes	+ ha Mata 114.
ece	25A	A. DATE REC'D BY HEALTH DEST. / 25B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR ADDRESS AND MAD
303		MAY 20 1968 R.C. 35 8 Salama	And Hunger Thinnes Home, Marcol I mo.



68- 5208 BALTIMORE CITY HEALTH DEPARTMENT	3- 5208
CERTIFICATE OF DEATH	3 0200
BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH/	
(Type or Print) Ham 1/+ An H/bert). 5/16/68	2:00 A
3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decrosed lived./If institution: r	esidence before admission
TEPTIFICALE AMENDED MILITARY	
EUR MARIOR ADDRESS OR LOCATION) O. INSIDE CITY L C. CITY OR TOWN D. INSIDE CITY L	IMITS?
Menore Hard Har Baltimore	Пои
Union (Emorial Mospie, STREET AND NUMBER. //	outster ()
3353 Falls Roage	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Manths)	Days Hours Min.
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10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIXTHPLACK (State or foreign country)	ZEN OF WHAT COUNTR
done during mast of working life, even if retired)	1.3.
13. FATHER'S NAME	
1/ // E	
Junes tamillan Imma 11445	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	ADDRESS
No N/A 213-10-1793 WITT	ame
18. / CAUSE OF DEATH	APPROXIMATE INTERVAL
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LEADING TO DEATH (A) IMMEDIATE CAUSE COAN PULL MOMA OIL	efect
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. II means the disease,	*
listing as assurting the subject and death)	
ANTECEDENT CAUSES (9) Europe was L	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
¥ TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART I (A). 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID	re exact location)
OR CONTRIBUTING CAUSE OF home, farm, factory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
While At an Net While an	
(APPROX.) Work AI Work	16
22. Leartify that (1) (this hospital) attended the deceased from 2 /2 196 to 3/6	19 08
that (1) (we) lost sow the deceased alive on 19 and ond that if (my) (our) opinion dea	th occurred on the do
and hour and from the causes stated above (1) (We) ((did) (did not) view the bady after death.	- 7. 30
	TE SIGNED
Attending Med. Staff Director Phys.	16/1/28
23C, PHYSICIAN'S 23D. ADDIRESS	10/60
NAME (Type)	ela a
BARRY J. WECKESSER MD. DEGREE THE JUNIONE MEMORAA JOSP XX	A ANN / /
	VHUIG -
	ar Sounty) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town,	Vary land
Burial 5-20-68 St. Marys (Hampden) Baltimore,	Jaryland.
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BALTIMORE CITY HEALTH DEPARTMENT 68- 5209 CERTIFICATE OF DEATH REG. NO. BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Frank B. Lane May 17, 1968 6 a M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Maryland Baltimore City HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN INSIDE CITY LIMITS? Hood Convalescent Home YES 🔓 NO Baltimore E. STREET AND NUMBER 5313 Edmondson Avenue 5313 Edmondson Raltimore. Maruland B. DATE OF BIRTH 883 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED White Male WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) isposition done during most of working life, even if retired) New-Yerk Middletown, Pa. U.S. A. Ret. 13. FATHER'S NAME John W. Johanna Murphy Lane was salenathing of the IS. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) N.C. SECURITY NO. XX077-10-9205Mrs. Ann Lane 1705 Baker St Raleigh CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the above couse (A) stoling the UNDERLYING CONDITION lost the remains 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED While At Not While I (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from 68 that (1) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (We) (did het) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending \ Staff approval 23 C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE

12. CITIZEN OF WHAT COUNTRY? and that in(my) (**) apinion death accurred on the dote Binghamton, N. Calvary Cemetery 255 FUNERAL DIRECTOR ADDRESS
Sterling Funeral Estate of Catons-258. NAME OF REGISTRAR Edmondson Avenue --

Record from St. Joseph's Nursing Home and Bon Secours Hospital giving birthdate as 1-1-1883. and V.S. 153 5-27-68 M.H.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) D. INSIDE CITY LIMITS? NOY YES If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Shella Setemosconorie itemas disense 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 68 and that in (my) (aur) aplnian death accurred an the date 238, DATE SIGNED the body 25C. FUNERAS DINECTOR Juneral Estate
736 Edmondson Ave. MAY 20, 1968 New Cathedral

1968 R. L. B. B. G. B. B. Cathedral

258. NAME OF REGISTRAR

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258. NAME OF REGISTRAR .Maryland Was T Catonsville, Md. 21228 VS 150-REV. 1/1/68

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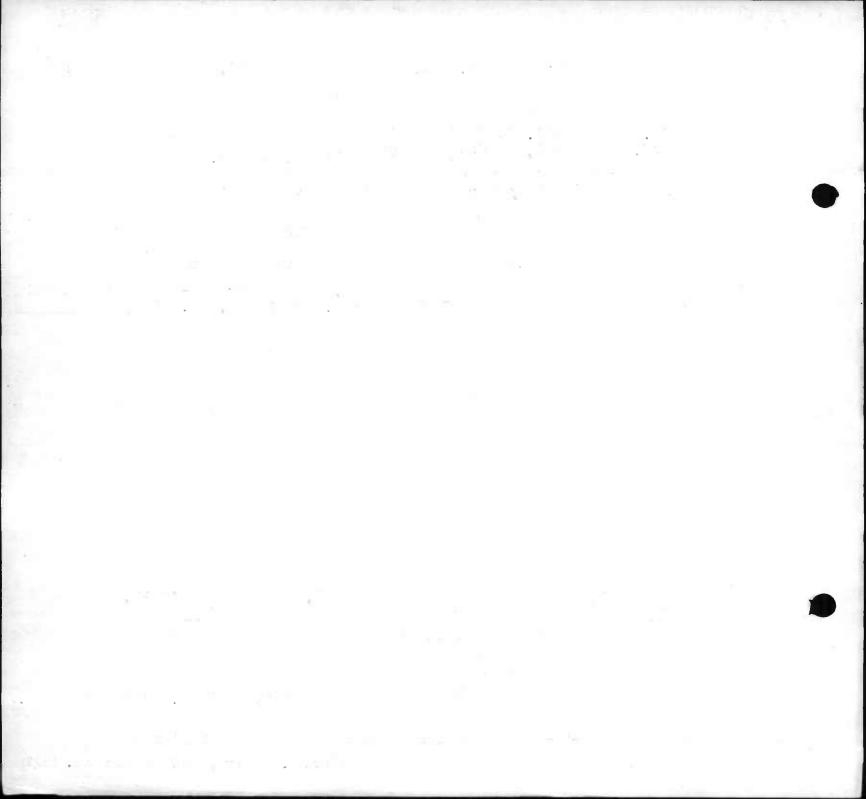
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and

00	5044	BALTIMORE CITY HEALTH	DEPARTMENT
00-	0211	CERTIFICATE O	F DEATH

REG. NO	68-	5211
	2	

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(Type or Print) MA	37					D HOUR OF DEAT		
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	RACE	7. MARRIED	NEVER MARRIED	B. DATE		P. AGE (In years lost birthday)	If Under 1 Y Months: Doy	r. If Under 24 H s Haurs Min.
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	ATION (Give kind of work rking lile, even if retired)	10B, KIND OF BU	ISINESS OR INDUSTR	11. BIRTH	IPLACE (State or forei	gn country)	12. CITIZEN	OF WHAT COUNT
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3. FATHER'S NAME				-	HER'S MAIDEN NAM	A E		
		pein			Bertha	Miller		
(Yes, no or unknown)	ver in U. S. Armed Fara I yes, give wor or dote	s of service)	social security no. 15-32-8261	ST.	AGNES RE	CORDS - RE, MD.	CATON &	WILKENS
rise la lhe UNDERLYING 33/X OTHER SIGNIFIC TO THE DEATH	CONDITIONS, if obave cause (A) CONDITION last. II AN1 CONDITIONS COI BUT NOT RELATED TO THE NOTITION GIVEN IN PAR PERATION 198. CON WAS PERF	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WHI	(C)CH OPERATION	20 A.	AUTOPSY? (Yes or No.		RE FINDINGS COL	
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23A. SIGNATUR		. 1 .	2				23 B. DATE SI	GNED
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VS 150-REV. 1/1/6B



MEDICAL SPITZ PRROVAL

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VS 151-REV. 1/1/68

68-- 5213 BALTIMORE CITY HEALTH DEPARTMENT

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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital, and

7-51 5	CO E	BALTIMORE CITY	HEALTH DEPARTMENT		CQ_ 5944
2-565	68- 5	CERTIFICA	TE OF DEATH	REG. NO.	68- 5214
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3. PLACE IN BALTIMORE, MA	ARYLAND, WHERE PR	ONO UNCED DEAD	A. STATE / B. COUN'	TY	titution: residence before admission)
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INSTITUTION	SS OR LOCATION	1/2 1.	C. CITY OR TOWN	Sienie de	E CITY HAUTEN
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5. SEX 6. RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRT 10/1899	ost birthdoy	If Under 1 Yr. If Under 24 Hrs.
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13. FATHER'S NAME	ng cay	ar unaccioner	14. MOTHER'S MAIDEN NAM	A E	
Dreak !	1	4	Dan	2	
15. Was Deceased Ever in II	S Agreed Former?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
15. Was Deceased Ever in U. (Yes, no or unknown) (If yes, giv	e was or dates of serv	ice) SECURITY NO.	n n	1 -	haze.
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TO THE DEATH BUT NOT I	GIVEN IN PART 1 (A).		Tona Assessment	000 18	NIDING COLUMN
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Sen James	u. Kla	PS Py MIN DEGREE Phy	ending Med. Director	Staff Phys.	0/16/68
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	· to	R. Itimalo
Revial	niNA, K	ropsky MD.	Sinai Hos	11/01 7	Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24A. BURIAL CREMATION, 2	, . , , ,	IC. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City	y, town, or county) (State)
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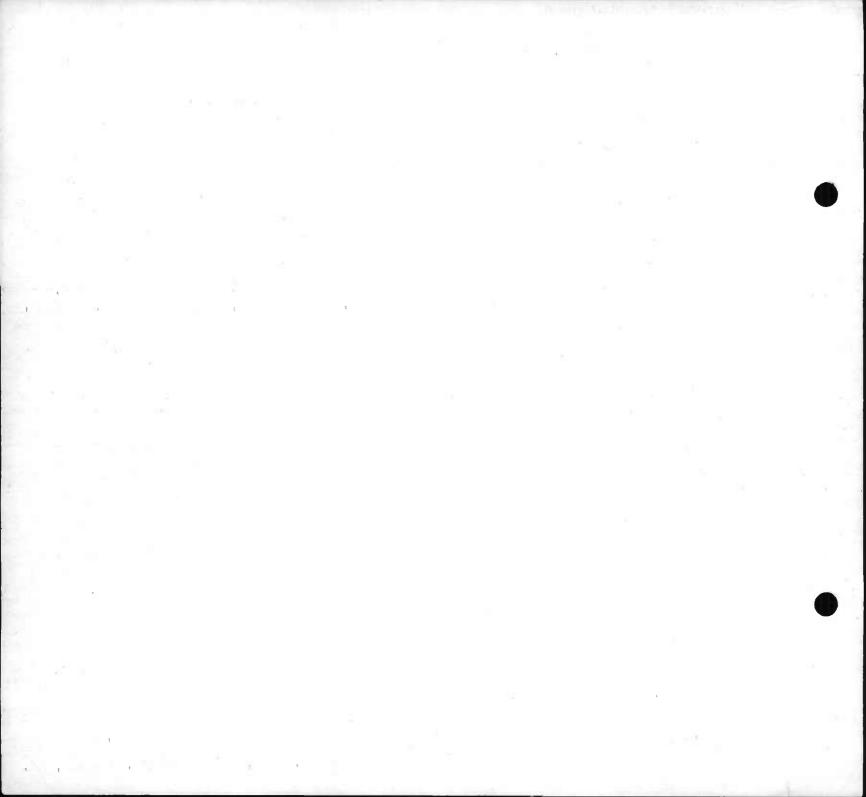
BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS Md. 6769 Woodley Rd. Dundalk. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 19 6 and that in(my) (our) apinian death accurred on the dote 23 B. DATE SIGNED (City, town, or county) (Stote) Baltimore, Maryland John J. Duda. 7922 Wise Ave. Dundalk, Md.

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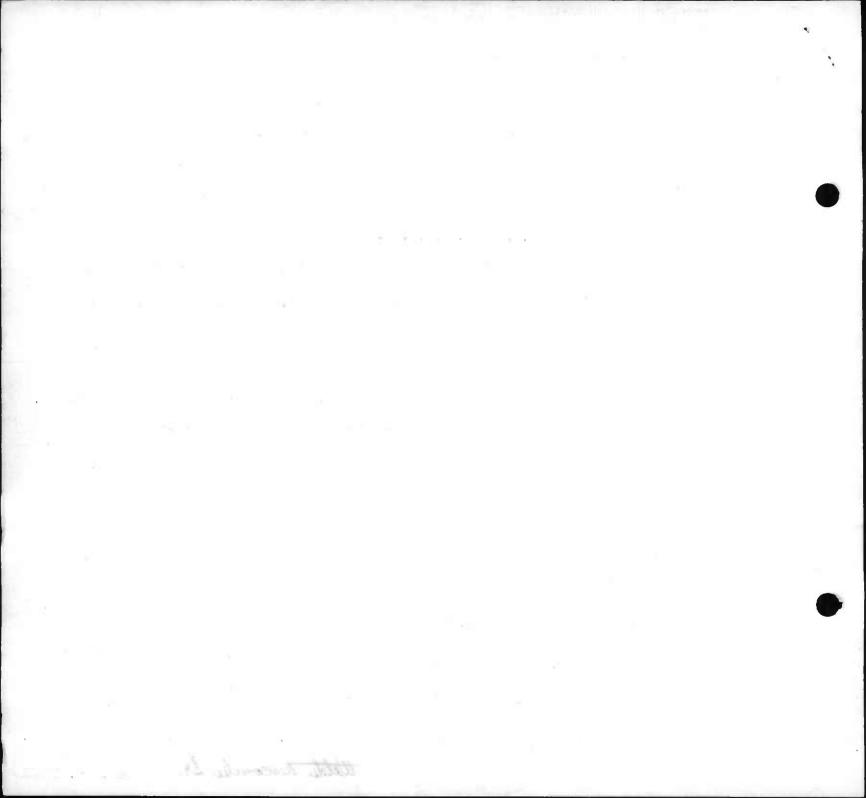
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cate	7 SD/	Ana	at	riar	prav	
rtifi	the bady was released ta the haspital by a medical examiner. Also, if the direct or cantributing cause of death	:hows: (1) An accident of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceasec	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased priarta death); and (6) Na physician was in regular attendance an the deceased priar ta death. Suct	written appraval must be abtained before the remains are embalmed ar final dispasitian is made.	
This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and	pq e	SWS:	1s D.	ceds	itter	
T T	the	sho	×	de	3	1

-	T-130 00 -	BALTIMORE CITY	HEALTH DEPARTMENT		00	
DID	1 5 - 5	216 CERTIFICA	TE OF DEATH	REG. NO.	68 5216	-
1	TH NO. AME OF DECEASED .		2 DATE AND	HOUR OF DEATH		
		Thomas	Mary Train	5/16/68	4 34	A M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived, If ins	titution; residence before odr	mission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. City OR, TOWN	Harford D. INSID	DE CITY LIMITS?	2.
1	and the state		E. STREET AND NUMBER	Air	YES NO P	
<u> </u>	Maryland Gen. Hosp.		909 Moore	esmill	Rd.	
S. S	- A	VED NEVER MARRIED DIVORCED	12/28/XXXX 88 10st	AGE (In years birthdoy)	Months Doys Hours	24 Hrs. Min.
	USUAL OCCUPATION (Give kind of work 10 B, KINE		11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT CO	UNTRY?
don	during most of working life, even if retired)		MA	•	USA	
_	FATHER'S NAME	Govt. A.P.G.Md.	14. MOTHER'S MAIDEN NAME		00011	
		nas	3 1	Augus	ta Bendorf	
15.	Wos Deceosed Ever in U. S. Armed Forces? ,,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFORMANT	0	ADDRESS	
	No	220 - 22 - 059	Myrtle G. Thom	as, Bel A	ir. Maryland	
	18.44.10.0	CAUSE OF DEATE		,	APPROXIMATE INT	ERVAL
	DISEASE OR CONDITION DIRECTLY			/	BETWEEN ONSET AND	DUCAIN
	LEADING TO DEATH	(A) IMMEDIATE CAU		west		
	(This does not mean the made of dying, heart failure, astherio, etc. It means the dise		A CONSEQUENCE OF:			
	injury or complication which caused deoth.)		40 / 10	~ 1 11	-100	
	ANTECEDENT CAUSES	(B)	Myocartial A CONSOUENCE OF:	i Wantie	in a failure	-
	DISEASES OR CONDITIONS, if any, giver is to the above cause (A) stoting	the DUE TO, OR AS	A CONSPOUENCE OF:	11 71		
	UNDERLYING CONDITION last.	(c)	rteno sclevtic	near a	iseope	
7	420.1 II	My	fertensen 7-	hear des	resse	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN		/ .			
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 19 B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OR IF YES WEDE E	INDINGS CONSIDERED	
ERTIFIC	WAS PERFORMED	ok Willell O'EKAHON	400	N CERTIFYING CAU	SES OF DEATH?	
CES	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)	
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	TICE DIDG., INJUKT OCCUR?			
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?		
٤	(APPROX.)	While At Not While Work At Work				
	22. I certify that (1) (this haspital) ottende		E/14/68 10	ta5/	16/68 19	
	that (1) (we) last sow the deceased olive	-111113	19 and that			ha data
	and hour and from the causes stoted obave				ian devin occurred on th	ne dote
	23A. SIGNATURE	e. (I ("g) (ala (ala nat) v	new the body after death.		23B. DATE SIGNED	
	Rabala D Ren ma	nd und Atto	nding Med. Sta	ff TXT)	5/16/68	
	23 C. PHYSICIANTS	OEGREE Phys	Director Phy 23D. ADDRESS	5./	2/0/08	
	Kalph D. KEY	MOND	Manylene	& Gen	. Itosp.	
244	BURIAL CREMATION, 24B. DATE 246 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LOCA	ATION (City	y, town, or county) (Stote)
	1.1.1.1	hurchyille Presb	ovterian Cem Chu	rchville,	(Harford)	Md.
2SA		AE OF REDISTRAR	25C FUNE AL DIRECTOR	m 4	ADDRESS	
	MAY 20 1968 Relea	& E. JanberMA	Welsty Wicon	che Crin	ig Funeral Home	
VS	I SO-REV. 1/1/68		THE PROPERTY OF	AD	derdeen, Ma. 21	1001



IMPORTANT

DIRECTOR:

FUNERAL

CITIZEN OF WHAT COUNTRY?

MA 21218

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

3 months

3 months

2 months

If Under 24 Hrs.

BIRTH 1/20.			
1, NAME OF DECEASED (Type or Print)	DO ITTI GOLI	2, DATE AND HOUR OF DEA	
RHODES, JAM		May 16, 1968	If institution: residence before
3. PLACE IN BALTIMORE, MARYLAND, V		A. STATE B. COUNTY Maryland Harford	60-
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC NSTITUTION	TAL OR INSTITUTION, GIVE STREET ATION)		INSIDE CITY LIMITS?
	nistration Hospital	Edgewood	YES NO
3900 Loch Rave		E. STREET AND NUMBER	
Baltimore, Mar		501 Catalpa Lane	
SEX 6. RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours
Male White	WIDOWED DIVORCED	1/02/16 52	10010
A. USUAL OCCUPATION (Give kind of wor			12. CITIZEN OF WHAT
Truck Driver	Quinn Freight Lines	Cumberland, Md.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Henry Clay Ruon	ES	MARY THOMAS	
Henry Clay RHOD 5. Was Deceased Ever in U. S. Armed Fo (es,no or unknown) (If yes, give wor or dot	orces? les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes $10/26/43 - 7$	/4/46 217-10-7335	VA Hospital Records	. 1 D. 14
18. () 7 8 7 1	CAUSE OF DEAT	3900 Loch Raven Boulevar	APPROXIMATE I
DISEASE OR CONDITION D	IDECTI Y		BETWEEN ONSET
LEADING TO DEATH		Carcinomatosis	3 month
(This daes not mean the made at	dying, e.g., DUE TO, OR AS	S A CONSEQUENCE OF:	
heart failure, asthenio, etc. It means injury ar complication which caused			
ANTECEDENT CAUSE	Adenoc:	arcinoma of the liver	3 month
DISEASES OR CONDITIONS, if	any, giving DUE TO, OR A	arcinoma of the liver	
rise to the above cause (A)	1	atic bone lesions	2 month
UNDERLYING CONDITION lost.	(c)(c)		
156.1			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA 19A. DATE OF OPERATION 19B. COI WAS PEI		es insipidus	
DISEASE OR CONDITION GIVEN IN PA		*	ERE FINDINGS CONSIDERED
WAS PER	REFORMED	NO IN CERTIFYING	CAUSES OF DEATH?
21A, ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,		timore City, give exact location)
21-A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID (II In Boli office bldg., INJURY OCCUR?	
21D.TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not Whi Work At Work	k 🗀	
	ol) attended the deceased from Ma		
that ((we) last saw the deceas	ed olive on May 16th	19_68ond that in (1914) (aur)	aplnian death accurred a
and haur and from the causes str	ated above. (1) (We) (did) (did/not)	view the body ofter death.	
23A. SIGNATURE			23 B. DATE SIGNED
Exhant	DEGREE Ph	thending Med. Staff Nys. Director Phys.	May 16, 1968
23C. PHYPICIAN'S NAME (Type)	1-	23D. ADDRESS 3900 Loch Raven	Bouleward
ERNESTO SMIT	H, M.D. DEGREE	73 . 7 1.4 36 3	

VS 150-REV. 1/1/68

written approval must be

deceased prior

was D.O.A.

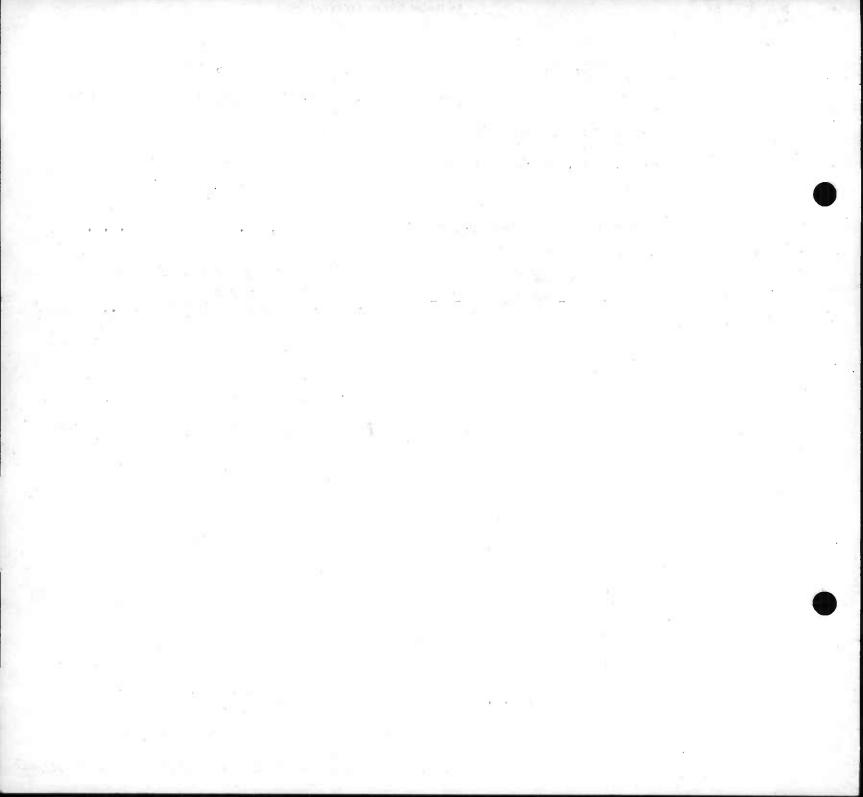
2SC, FUNERAL DIRECTOR

ADDRESS

300

19.68

death accurred on the date



23 C. PHYSTCIAN'S NAME (Type)

attendance on the

		BALTIMORE CITY	HEALTH DEPARTMENT		68- 5218
	58- 5	218 CERTIFICA	TE OF DEATH	REG. NO.	00 0610
	RTH NO.	CERTITION	01		
	Pe or Print) MARY CR	ONEY	MA	HOUR OF DEATH	8 10:50 p. M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A, STATE B, COUNT	deceased lived. If insti	tution: residence befare (dmissian)
FL	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D INCIDE	CITY MAINTS?
iz G		HOME.	Balto	7 -15	NO 🗆
	2327 N. Char ST - 1	BalTo. md-21218	828 N. Che	STER ST	-Ba Ho, md, 21203
5.	SEX 6. RACE 7. MARR	741114	8. DATE OF BIRTH	, AGE (In years	If Under 1 Yr If Under 24 Hrs.
114	emale white widow	VED DIVORCED	8-12-11	90	
	A. USUAL OCCUPATION (Give kind of work 10B, KINE to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		md.		U.S.A.
13.	FATHER'S NAME	***	14. MOTHER'S MAIDEN NAM	1E	^
	HNOREW Zullinge	2 R	Catherine	Hunsdor	
15. (Y∈	Was Deceased Ever in U. S. Armed Farces? s,na ar unknawn) (If yes, give war or dotes af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	·	ADDRESS 21220
1	inknown	213-54-0368	Cotherine mag	ors - daughte	R-RT.15-BOX15
	18. 440,91	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		of . D	+	H
1	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	upestive Mu	one 2 awayers
	heart failure, asthenia, etc. II means the dise injury ar camplication which caused death.)		Failure		
	ANTECEDENT CAUSES	C	20 0 0 0 0 0	·	- il Gans
	DISEASES OR CONDITIONS, if any, gir	ving DUE TO, OR AS	A CONSEQUENCE OF:	esa es acciro	1V3 120-V -
	rise to the above cause (A) slating	the			
	UNDERLYING CONDITION last.	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN				
FRTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A, AUTOPSY? (Yes or No.	208. IF YES, WERE FIN	NOINGS CONSIDERED
14	OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)	in ar about 21 C. WHERE DID Iffice bldg., INJURY OCCUR?	(tf In Baltimare	City, give exact lacation)
n i c	21 D. TIME (Manth) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
A	(APPROX.)	While At Not Whi	le _		
	22. I certify that (1) (this hospital) attend	ed the deceased fram	95 5	9 <u>6 7</u> to	5-13-1968
	that (I) (we) lost sow the deceased alive			ot in(my) (our) opini	on deoth occurred on the date
	and haur and fram the causes stated abay	e. (1) (We) (did) (did not)	view the bady after death.	1,	23B, DATE SIGNED
	23A. SIGNATURE	vero Att	ending Med.	Staff Phys.	5-15-68

DEGREE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, ar county) 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) DATE SURIAL 5/1 25A. DATE REC'D BY HEALTH DEPT. MAY 2019 68 PARK WOOD
NAME OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS 1968 300 MACE NELL

6

AVERO

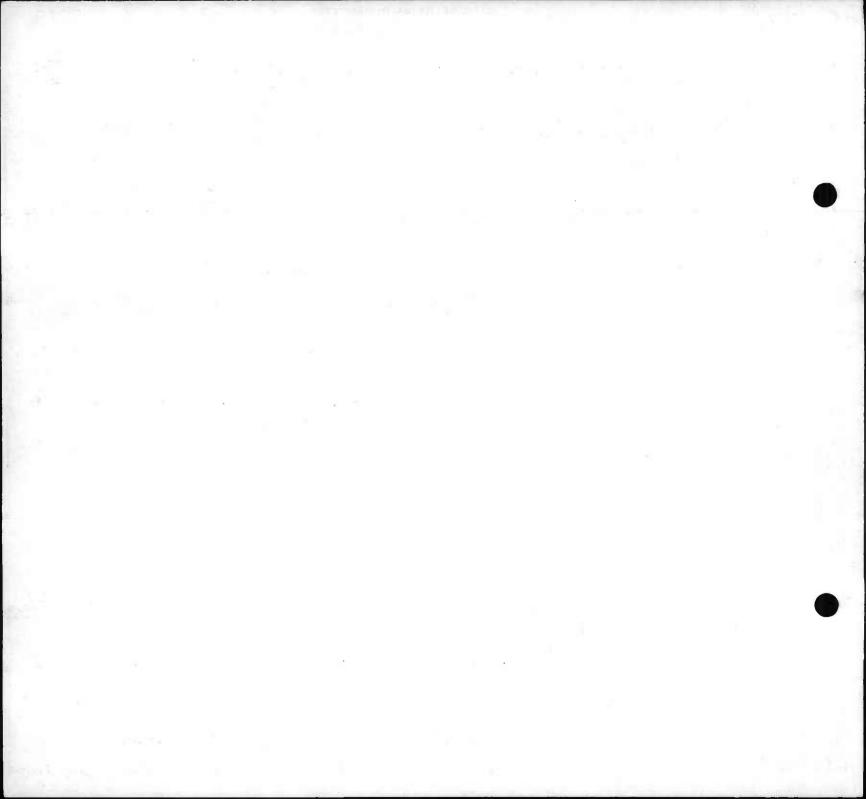
ESAR VALLE

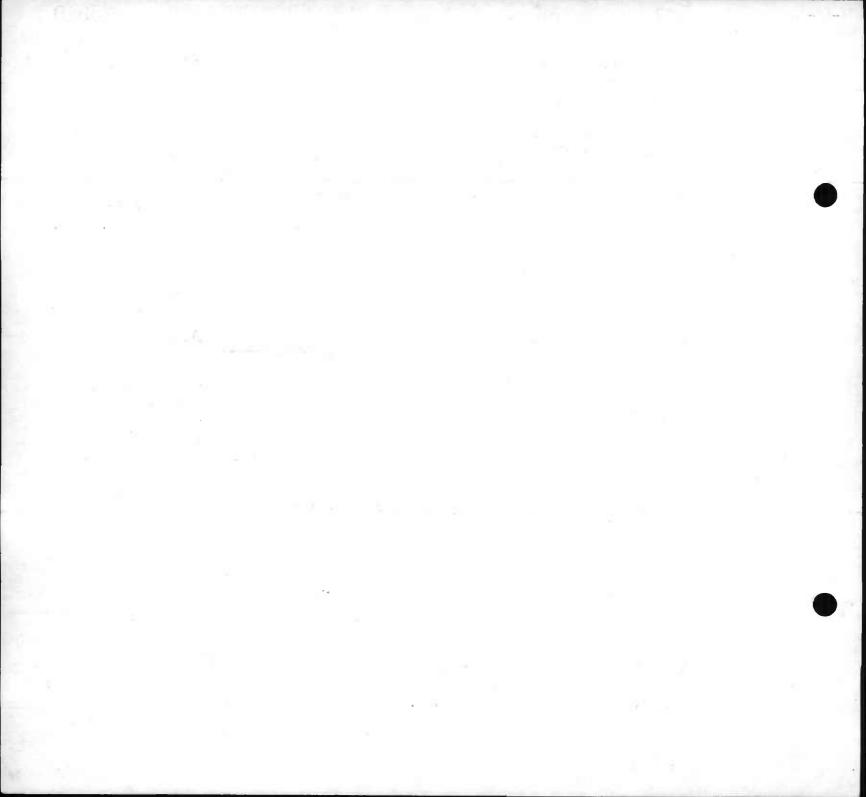
23 D. ADDRESS

8629 Liberty

Rd., Randallstown,

Md.





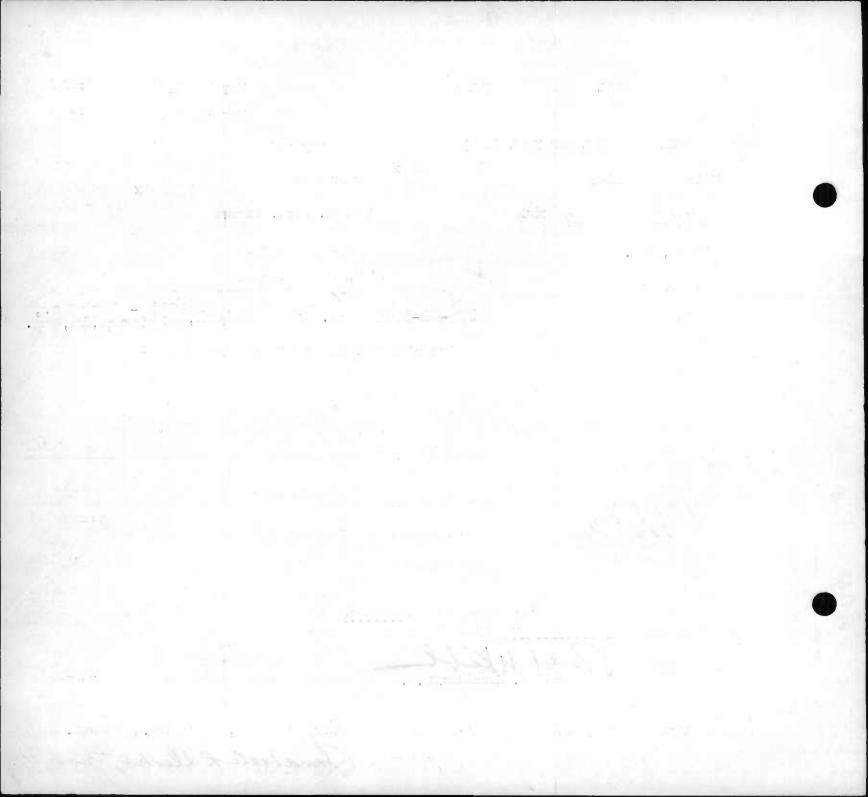
VS 151-REV. 1/1/6B

68- 5220 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MEDICAL	EVAMILIATE	CLKIIICAIL	OI DLAIII.

22	0
	22

BIRTH NO.							KEG. NO.			
I. NAME OF D	ECEASED	111111		2. DATE	Known 🗌	Month	Doy	Year	Hour	
(Type or Print) EARL MILLER		OF DEATH	Estimoted	May	13, 1968		8:25	A M.		
	ALTIMORE, MARYLAND,			3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour	A
FULL NAME OF	ADDRESS OR LOC	AL OR INS	TITUTION, GIVE STREET	PROTOG	ONCED DEAD	May	13, 1968		18:25	A
OR INSTITUTION					RESIDENCE (Where	e deceosed li	ved. If institution B. COUNTY	: residence	before odmiss	sion)
ONTON	MEMORIAL HOS	PITAL	(DOA)	A. SIATE	Maryland		b. COUNT			
6. SEX	7. RACE	B. MARR	HED NEVER MARRIED	C. CITY O			D. INSIDE CI	TY LIMITS?		
Male	White	WIDOV	VED DIVORCED	Balt	imore		YE	S E	NO 🗆	
9. DATE OF BIE	TH 10.AGE	In years	If Under 1 Yr. If Under 24 Months; Doys; Hours;	Min	AND NUMBER		4	and the second second	9	
2/3/01	lost birthd	XXX	Thomas Doys I moors	2000	E. 31st.	Street		U.A.	0	
11. BIRTHPLACE	(State or foreign country)		12. CITIZEN OF	13. FATHE	S'S NAME					
York,	Pa.		WHAT COUNTRY?	Har	vev Mill	er				
14A.USUAL OCC	UPATION (Give kind of wor	14B. KIND	OF BUSINESS OR INDI	JSTRY 15. MOTH	ER'S MAIDEN NA	ME				
Weave	of working life, even if retired			Sus	ie Kessl	er				
16. WAS DECEA	SED EVER IN U.S. ARME			18. INFOR	MANT		Al	DDRESS		
(Yes, no or unknow	vn) (If yes, give wor or dote:	s of service			s.Elwood	Wair	1711	- 3	5th St	t.,
19. //	3 44.		CAUSE OF		S IN I WOUL	METE	Balt		MEEN ONSET AN	
7/	<'7		A		0 1.	-			VEEN ONSET AT	NO DEATE
DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECILY			c Cardiova	ascula	r Diseas	e		
(This does	not mean the made of d	lylng, e.g.,	(A)IMMEDI DUE TO	ATE CAUSE , OR AS A CONSE	QUENCE OF:	*******				
heort toilu	re, osthenio, etc. It meons the omplication which caused de	ne diseose, eoth.)								
	ANTECEDENT CAUSES S OR CONDITIONS, IF AN	IV GIVING	(B)	, OR AS A CONS	QUENCE OF:					
RISE TO	HE ABOVE CAUSE (A) ST.	ATING THE								
Z	ING CONDITION LAST.		(C)							
E 433	II GNIFICANT CONDITIONS (CONTRIBUTE	TING							
O THE D	EATH BUT NOT RELATED TO	O THE TERM	INAL							
20A. DATE	OR CONDITION GIVEN IN OF OPERATION 20B. CO			N WAS PERFOR	MED			21. AUT	OPSY? (Yes o	r No)
8 7	0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOR THIS IS A SERVING						yes	
₹ 22A. FXT	ERNAL CAUSE WAS		22B. PLACE OF INJURY	(e.g. in or about	22C. WHERE DID	(If in Boltimo	ore City, give exc	ct locotion)		
UNDERLYIN	IG OR CONTRIB		home, form, factory, street					14		
☑ UTING ☐ C 22D. TIME	(Month) (Doy) (Ye	or) (Hou	r) 22E.INJURY OCCUR	PED	22F. HOW DID IN	IIIIRY OCC	HP?			
OF INJURY	(Mollill) (Doy) (16	01) (1100	WHILE AT	NOT WHILE	zz. HOWDID III	JOKI OCC	OK.			
(APPROX.)			m. WORK	AT WORK						
	ertify that I held an	Inquiry	Inspection 🗌	Autopsy 🗴	and that an t	his basis	death in my	aninian		
res	ulted from: Natural ca	uses 🛆	Accident \(\subseteq \sigma	uicide 🔲 🔝	CHIEF MEDICAL		ined monner [_		
ACTU	AL S	1 1	12.18	AC	SISTANT MEDICAL		K.		DATE SIGN	NED
SIGN	ATURE WO	of v	That -	_141.0:					5-13-6	:8
	INER'S Kona (Type)	rd N.	Kornblum, M.D	• ASS	OCIATE MEDICAL	EXAMINER			3-13-0	,0
24A. BURIAL CI			24C. NAME of CEME	TERY or CREMA	ORY 24D.	LOCATION	(City, tow	n, or county	y) (Sto	te)
REMOVAL (Sp	ecify)									
Buria		/68	Greenmou	nt Cemei	FUNERAL DIRECT	ork,	York Co	DDRESS	enna.	
25A. DATE REC	D BY HEALTH DEPT.	25B. N	NAME OF REGISTRAR	250	PUISERAL DIRECT	OK	011	DDKE33		, ,
	MAY 2.0 1968	12 0.	TO Z. ATCLEMEN	16	ha . a /10	100.1	e Ju	60,1	Trans	6. 1



F-600

68- 5221 BALTIMORE CITY HEALTH DEPARTMENT

RIE	RTH NO.	M	EDICA	L E	XAMINER'S	CERTIFI	CATE O	F DEAT	TH REG NO.	768-	5221
1.	NAME OF DEC	EASED				2. DATE	KnownXX	Month	Doy	Year	Haur
(Туі	CA	REY FAIRE	V			OF DEATH	Estimoted [□ 5	14	68	2:46 D M
4.		TIMORE, MARYLANI		PRON	DUNCED DEAD	3. DATE		Month	Doy	Year	Hour M
HO	L NAME OF SPITAL INSTITUTION	(IF NOT IN HO	SPITAL OR IN	ISTITUTI	ON, GIVE STREET		UNCED DEAD	May	14	1968	2:46 p M
OK	INSTITUTION				D.O.A.	A. STATE	ESIDENCE (W	nere deceased	B. COUNTY	: residence	before admission)
					lospital		Marylan	<u>ıd</u>	Ball	360,	53-0
6.	SEX	7. RACE	8. MA	RRIED	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI		
	Male	White		WED	DIVORCED .	Balt			YE	s 🖾	NO O
9. 1	DATE OF BIRT	H 10. AG	E (In years thday)	Mon	nder 1 Yr. If Under 24 Hrs. ths, Days, Hours, Min.		AND NUMBER	ina Pd	Perry Ha	33 03	3.00
11.	BIRTHPLACE (S	itale ar fareign caunti	(A)		CITIZEN OF	13. FATHER	'S NAME	LILE ING.	Ferry Ha	111 21	129
		Georgia			VHAT COUNTRY?	Tr.a.	T T	3-4			
144	USUAL OCCU	PATION (Give kind of	vark 14B. KI	ND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N	NAME			
aon	Stude		ed)	-	1001		rv Nell				- 1
16.	WAS DECEAS	ED EVER IN U.S. AR	MED FORC	ES?	17. SOCIAL	18. INFOR		Saylors	AC	DRESS	
(Ye	s, no or unknawn No	(If yes, give wor ar de	otes of servi	ce)	21.9-56-11/132	M 17		773 •	62.0		
	19. E 8/	6.20			CAUSE OF DEA		ward J.	rairne	Silver	A A	PROXIMATE INTERVAL
		E OR CONDITION DEATH									
	(This does n	at mean the mode o	f dying, e.g		(A) IMMEDIATE C		Injuri	Les			
	heart failure Injury ar con	, asthenia, etc. It mean nplication which caused	s the disease d death.)	,	00210,000	3 4 6011321	OLIVEE OF				
		NTECEDENT CAUSES		10	(B) DUE TO, OR	AS A CONSE	OLIENCE OF				
	RISE TO THE	OR CONDITIONS, IF E ABOVE CAUSE (A) NG CONDITION LA	STATING TH	1E	552 10, 51		GOLINGE OI.				
Z	UNDERLIN	NO CONDITION LA	51.		(c)						
CERTIFICATION	IO IUL DE	II VIFICANT CONDITION ATH BUT NOT RELATED CONDITION GIVEN	O INE IEI	MAIIIAME	***************************************			w8 00 00 w0 00 00 00 00			
RTI			·		WHICH OPERATION WA	AS PERFOR!	AED			21. AUTO	OPSY? (Yes or Na)
ប	3									-	YES
×	22A. EXTER	NAL CAUSE WAS		22B.	PLACE OF INJURY (e.g.,	in ar abaut	22C. WHERE DI	D (If in Baltim	are City, give exo	ct lacation)	
100		OR CONTRIB.		hame	e, form, factory, street, office	e bldg., etc.)			zonton Az		15.3-00
MEDI	22D. TIME		Year) (He	our) 2	Street 2E.INJURY OCCURRED	(5)	22F. HOW DID	INJURY OC	wenton_Av	/e	
	OF INJURY (APPROX.)	5 14 6	68 2:		VHILE AT NOT AT W	WHILE X	Subject	ran of	f road, h	ittin	g several
		ify that I held an	Inquiry		Inspection Au	topsyXX	and that o	n this basis	objec	ts, 1	astly an
		ted from: Natural			ccident X Suicid				ined manner		ectric pol
	resur	Ted From: Raiorot	COOSES	1	Central Soleto	11	CHIEF MEDICA			_	
	ACTUAL	Fellia	11	+	11/150.	224	ISTANT MEDICA		1777		DATE SIGNED
	SIGNATI		~~	1	M.D						
	EXAMIN NAME (1		Edwar	d F	. Wilson, M.D		OCIATE MEDICA	AL EXAMINER		Var. 15	. 1968
	A. BURIAL CREA	MATION, 248. DA			C. NAME of CEMETERY		ORY 24	D. LOCATIO	The second secon	, ar caunty	4
	Burial	5-17	1968	N10111	Gardens of F	aith C	emeter	Baltim	ore	Co.	Md.
25	A. DAIL KEC'D	BY HEALTH DEPT.		NAME	OF REGISTRAR	25C.	TUNERAT DIRE	CIOK - CIOK	A	DDRESS	21236
	1	MAY 20 191	08 R	Cul	or E. StanBerma	1 D 18	ssann M	neral H	ome 7401	Bela	ir Road
VS	151-REV. 1/1/68	1 1/-61	C 10		To the state of th						

11869.0

5/21/68-21otorogolist-inform fra phones from med . Eam . Office . qu

68- 5222 Registered Na. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY (If outside city limits write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 21087 Mable C. Dilworth ChapmanRoad Kingsville INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) aprin an death accurred an the date was D.O.A deceased p (City, town, or county) Greenmount Cemetery Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 21234 7401 Belair Road Funeral Home Lassahn VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



DIRECTOR: FUNERAL the approved by

REG. NO. CERTIFICATE OF DEATH of deotha hospital and BIRTH NO. B. MUELLER I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) deoth. 4. USUAL RESIDENCE (Where deceoved lived. If institution; residence 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY ottendonce A. STAJE ing couse couse; (5) **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION INSIDE CUY LIMITS? C. CITY OR TOWN 0 prior contributing E. STREET AND NUMBER etermined mode regular S. SEX 6. RACE B. DATE OF 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. deceosed MARRIED NEVER MARRIED lost birthdox Months Doys Hours WIDOWED DIVORCED disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 14. BURTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? 2 done during most of working life, even if retired) 0 (4) Und HOME ATWOS the 13. FATHER'S NAME BROSNAN 14. MOTHER'S MAIDEN NAME ANNA death LO 15. Was Deceased Ever in U. S. Armed Forces' 6. SOCIAL 17. INFORMANT ADDRESS finol (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ottendance any CAUSE OF DEATH pronounced 0 BETWEEN ONET AND DEATH DISEASE OR CONDITION DIRECTLY bolmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl lailure, osthenio, etc. II meons the disease, gular injury or complication which caused death.) eB parachnoid ANTECEDENT CAUSES who 4 4 70 DISEASES OR CONDITIONS, il any, giving (3) ex 0 the obove cause (A) stoting the lo physician UNDERLYING CONDITION last. the remains WOS 330 X 11 ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (6) No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 0 CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 3 OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? hospitol CAL DEATH (notify medical examiner) any nature; obtoined MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY (except While At Not While f (APPROX.) puo Work At Work to the 22. Legitly that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) Laur) apinion death accurred on the date pe eath) ō hospitol and have and from the causes stated above. (1) (Ne) (did not) view the bady after death. m USt An accident the body was release 23A. SIGNATUR 23B. DATE SIGNED certificote must O Attending [Med. Staff 10 Phys opproval O 23 C. PHYSICIAN'S 23 D. ADDRESS UN KON HOSA prior ŧ BARRY WECKESSER MD Y OEGREE 24A. BURIAL CREMATION, eceased 24B. DATE 24C. NAME of CEMETERY of CREMATORY (City, town, or county o REMOVAL (Specify) decease shows: 68 HOLY REDEEMER
258 NAME OF REGISTRAR 125 25G. FUNERAL DIRECTOR SD SON 805 N. CALVERT ST. 3 VS 1S0-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

68- 5284 BALTIMORE CITY HEALTH DEPARTMENT

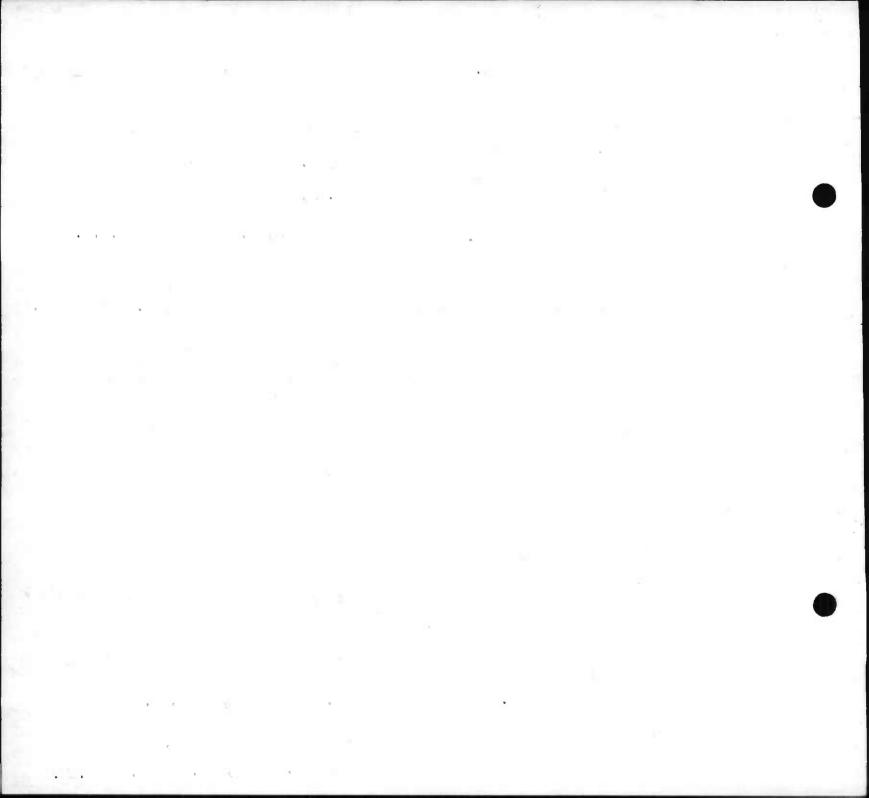
MACDICAL	EXAMINER'S	CED TIELS A TE	OF DEATH
MEDICAL	EXAMINEK 3	CEKTIFIC ATE	OF DEATH

68	522	4

BIRTH NO.	ALUST CONTRACTOR OF THE PARTY O	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month	Doy Year Hour
WILLIAM K. HARRIS SR.	OF DEATH Estimoted 5	15 68 3:10 a m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	15 10(0 0 10
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	Ma Ma	
6.2)	A. STATE	ed lived. If institution; residence before odmission) B. COUNTY
2603 Greenmount Ave	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	2.16-	NO D
male White WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years	Balto. E. STREET AND NUMBER	CESTOCIA NO L
lost birthdoy) Months Doys Hours Min.	E. STREET AND THOMBER	1
June 17, 1895 72	2603 Greenmount A	ve.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
St. Mary 8 Co. Md. II S. A.	John H. Harris	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
	WWW Mann C Da	n dm a m d
Recharger Fire Extinguisher: 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	B. INFORMANT S. Re	admond
Yes WW T 213-18-1512	Mrs. Juanita M. H	arria 2603 Greenmount Av
19. LL CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Antoni	osclerotic cardiovas	
LEADING TO DEATH		cutar disease
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B) DISEASE OF CONDITIONS AT ANY CHANGE	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC DEDECORAGE	In Autopowa (Vanca Na)
OF THE R SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	in or about 22C. WHERE DID (If in Bolt	
UNDERLYING OR CONTRIB-	ce bldg., etc.) INJURY OCCUR?	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY O	CCUR
OF INJURY NO.		CCORP
(APPROX.)	WHILE WORK	
23.		
I certify that I held an Inquiry Inspection XX Au	tapsy and that an this bas	sts, deoth in my aptnion
resulted from Natural causes X Acaiden Suici	de 🗌 Homicide 🗍 Undete	ermined monner
	CHIEF MEDICAL EXAMIN	
ACTUAL SOLLATON & TWO SI		DATE SIGNED
SIGNATURE M.E	ASSISTANT MEDICAL EXAMIN	ER
EXAMINER'S	ASSOCIATE MEDICAL EXAMIN	ER
NAME (Type) Edward F. Wilson, M.D.		5/14/68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCAT	ON (City, town, or county) (State)
Burial 5/18/68 Parkwood Cer	n Danku	ille, Balto, Co., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ille, Balto, Co., Md.
TO THE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	LOCI TOTAL DIRECTOR	
A T 0		
MAY 20 1968 P. O. B & Fallone	Will Cook-Brooks	Inc. 1217 St Paul St.

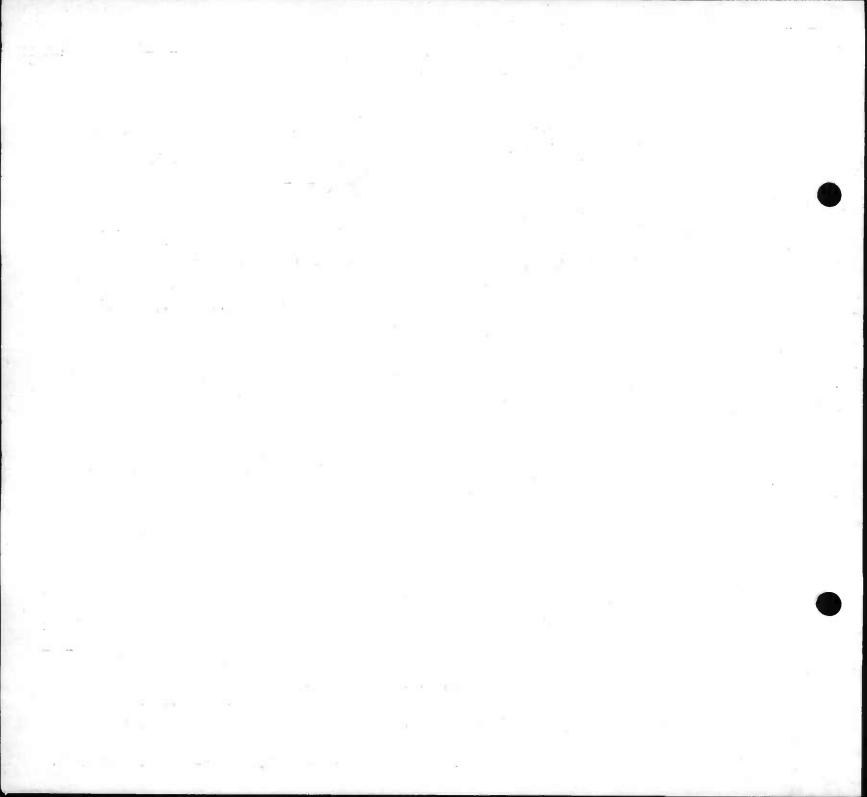
a .8 tem 5 s. View. art , what eegold is 12 to 14 to 15 to 1

BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. BALTIMORE CITY CERTIFICA	TE OF DEATH REG. NO. 68-5225
BIRTH NO.	2, DATE AND HOUR OF DEATH
(Tunn or Brint)	
Joseph Shaddy Sa. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	May 17, 1968 9 P.M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Manuland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN INSIDE CITY LIMITS?
	Baltimore NO NO
1 413 N. Robinson Street	E. STREET AND NUMBER
00	413 N. Robinson Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
Male White WIDOWED DIVORCED	Oct. 30, 1897 70
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Leechburg, Pa. U.S.A.
13. FATHER'S NAME	Leechburg, Pas U.S.A.
	C 1 · 11 · 1
John Shaddy. 15, Was Deceased Ever in U.S. Armed Forces? 16. SOCIAL	Sophia Yonak 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	TO INFORMANT
no 213-09-2224	Mrs Margaret Shaddy 413 N. Robinson St.
18. // / / IN OR OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g., OR AS A	SE Cornag ordusen CONSEQUENCE OF: CASCENSTE CANTON CONSEQUENCE OF: A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:
injury ar camplication which caused death.)	usless carre vision
ANTECEDENT CAUSES (B)	
Diseases Ok Conditions, if any, giving	A CONSEQUENCE OF:
lise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
1/ 201	
	mellitino
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	neuve
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	or obout 21C. WHERE DID (If in Baltimore City, give exact location) ice bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
210. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceased from	670 1956 10 5-17 1968,
	19 ond that in (my) (our) opinion death occurred on the date
that (I) (we) last saw the deceased alive on	
and hour and from the couses stated obave. (I) (We) (did (did not) vi	iew the body ofter deoth. 23 B. DATE SIGNED
23A. SIGNATURE	
DEGREE	Director Phys.
NAME (Tung)	3D. ADDRESS
John Jo Gould	14 N. East Avenue, Balto. Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
0 . 1 = 1- 160 0 1 1 6	P-11: M
Burial 5/21/68 Vak Lawn (eme	250 FUNERAL DIRECTOR Baltimore, Maryland DRESS
DAMES OF A COLLIN RA	John A. Monan Inc. 3000 E. Balto St.
VS 150 BEY 1/1/4 AY X U 1900 UL Go. 10 Z.	The state of the s



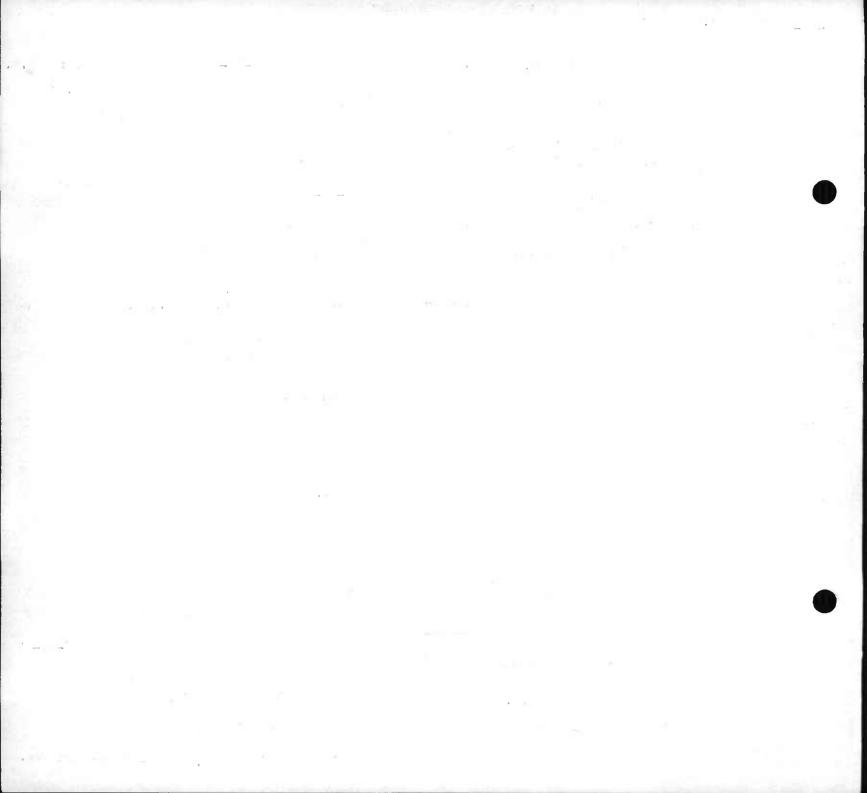
C-355 68- 52	25	HEALTH DEPARTMENT	REG. NO.	68- 5226
BIRTH NO.	CERTIFICA	TE OF DEATH		
(Type or Print) /NEZ COTTMA	NEZ COTTMAN	2. DATE AND	17. 1968	7-68 238:20 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNT		itution: residence before admission)
HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION! INSTITUTION BALTIMORE CITY HOSP: 4940 EASTERN AVENUE BALTIMORE, MARYLAND	ITALS	MARYLAND C. CITY OR TOWN BALT IMORE E. STREET AND NUMBER	13	VES NO
	IED X NEVER MARRIED	2515 FRANCIS S		V II . T V V II I O I II
TEMALE NEGRO WIDOV 10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if retired)	VED DIVORCED DO OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (Stote or foreig	n country)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Housewife	Home	VIRGINIA , Char		U.S.A.
ARCHIE JONES, DEC.		EMMA Johnson		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: BALT IMO 4940 EASTERN		
hearl failure, asthenia, etc. II means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above cause (A) stating UNDERLYING CONDITION lost.	(8) Winauy DUE TO, OR AS	SE SLOTICIMIA A CONSEQUENCE OF: had infection + d. A CONSEQUENCE OF:	Huse braichop	rneumania (week
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG DIA	betes Mellites	20B. IF YES, WERE FI	20 411
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	N.O in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location
21 D. TIME (Month) (Day) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Wark At Wark			//2
22. I certify that (1) (this hospital) attend that (1) (we) last saw the deceased alive and hour and fram the causes stated above	an May 17	19 68 and the	t in (my) (aur) opini	19 60
Berganin Lechner 1	DEGREE Phy	ending Med. Director	Staff Phys.	23B. DATE SIGNED 5-17-68 May 17, 1968
23C. PHANCIAN'S BENJAMIN I BENJAMIN LECHNER	LECHNER, M.D.	2	E CITY HOSP: VE.,BALTO.,N	
	C.NAME of CEMETERY of CR Saint John's C	EMATORY 24D. LC		, town, or county) (State)
MAY 20 1968 P.O.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Autter-3035	W. North Ave.

VS 150-REV. 1/1/68



51-23	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death on any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the distribution of the physician was in regular attendance on the deceased prior to death. Such is obtained before the remains are embalmed or final disposition is made.
•	death occur t or contrik Undetermin as in regul e deceased
IMPORTANT	or his assistant if Also, if the direct of any kind; (4) ounced death attendance on the
FUNERAL DIRECTOR: IMPORTANT	hief medical examiner o a medical examiner. A Sody burns; (3) A fracture the physician who prom- sician was in regular a the remains are embaln
FU	roved by the c he hospital by iy nature; (2) B xcept where t and (6) No phy btained before
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 68-	5227 CERTIFICA	TE OF DE	ATH REG. NO	5227
1. NAME OF DECEASED		2	DATE AND HOUR OF DEATH	
GOLDBECK, E		A HEHAL PESIDE	NCE (Where deceased lived If	institution: residence before odmission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	INSTITUTION, GIVE STREET	A. STATE MARYLAN	B. COUNTY	Institution, residence before bunitssion,
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D IN	SIDE CINCLIMIT?
BALTIMORE CITY H		BALTIM		YES NO
4940 EASTERN AVE	,	E. STREET AND 1		101001
BALTIMORE, MARYLAN		702 S.	POTOMAC STREET	#21224 If Under 1 Yr., If Under 24 Hrs.
, MA	KRIED NEVER MARKIED		lost birthdoy)	Months Doys Hours Min.
FEMALE WHITE WID	OWED DIVORCED DIVORCED DIVORCED	5-24-91	tote or foreign country)	12, CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)			, Maryland	
Housewife 3. FATHER'S NAME	Own Home	14. MOTHER'S M.		
			Decarettem	
		JEN	ATE DOGITIES	
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	orvice) 1 6. SOCIAL SECURITY NO.	RECORDS:	BALTIMORE CITY H	OSPITALS
No	212-05-6521D		STERN AVE . BALTO	_ 0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, lise to the obove couse (A) stotin UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS (A) 198. CONDITION WAS PERFORMED 199. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	(A) IMMEDIATE CAU DUE TO, OR AS A giving DUE TO, OR AS g the (C)	A CONSEQUENCE A CONSEQUENCE 20A. AUTOPSY2 NO	(Yes or No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hou			V DID INJURY OCCUR?	
(APPROX.)	While At Not While At Work			11241100
22. I certify that (I) (this hospital) ofter that (I) (we) lost sow the deceased aliver ond haur and from the couses stated ob 23A. SIGNATURE	ve on	iew the bady oft	er deoth.	pinian death occurred an the date
23C.PHYSICIAN'S NAME (Type) DAVID JUAN, M.D	OEGREE Phys	23D. ADORESS B.	ALTIMORE CITY HOLLING ALTO. Phys. ALTO. PLAN AVE., BALTO. 124D. LOCATION (SPITALS
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 5-21-1968	24C. NAME of CEMETERY of CRE Holy Redeemer	MATORY	Baltimore, Mar	
	NAME OF REGISTRAR	25C. FUNERAL		PO1-07 Eastern Ave.



to

D.O.A.

Was

he body

shows:

deceased

of death Deceased

cause

hospital

uo

attendance (2)

regular

prior

canse;

16. 19 65, and that in(my) (our) apinion death occurred an the dote Burial 5-21-1968 Oak Lawn Baltimore County, Maryland 25C. FUNERAL DIRECTOR 258. NAME OF DEGISTRAR 25A. DATE REC'D BY HEALTH DEPT. Lilly & Zeiler Inc. 1901-07 Eastern Ave.

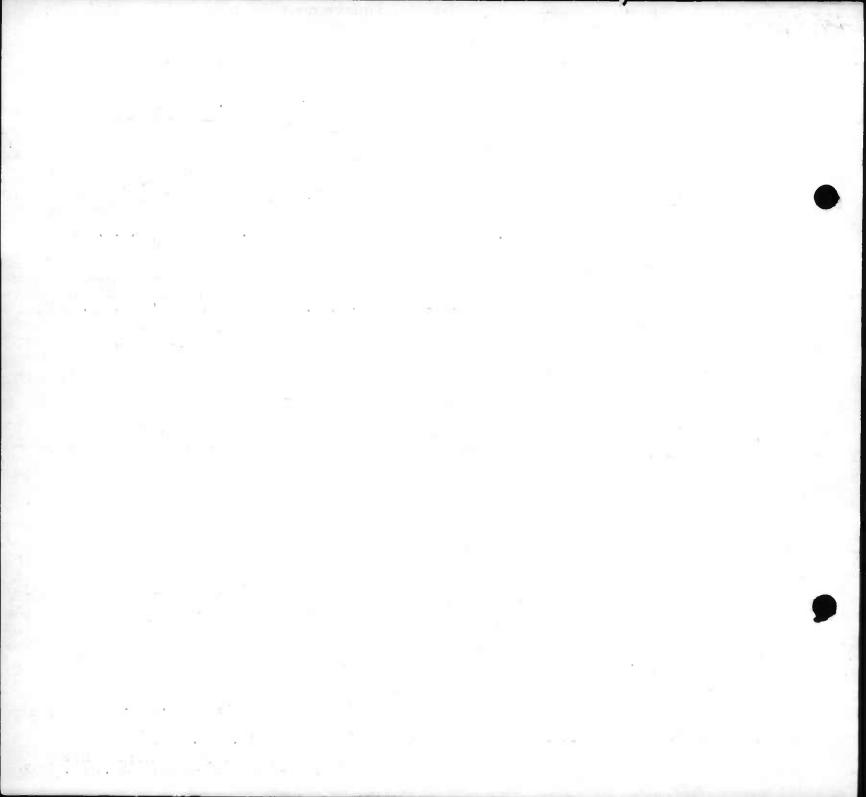
CH Brook June religion become a thought to AN ESSAULT L. MINER Constant a constant

1. 1150	68- 5	DO BALTIMORE CIT	Y HEALTH DEPARTMENT		20 5000
BIRTH NO.	00- 0	CERTIFICA	ATE OF DEATH	REG. NO	68- 5229
1, NAME OF DECEASED (Type or Print)	CHARLES WILL	LIAMS Sr.	2, DATE AN	5/16/68	11:15 P. M
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Whe		titution: residence before odmission)
HOSPITAL OR AD	NOT IN HOSPITAL OR IN DRESS OR LOCATION) CIMORE CITY HO		MARYLAND c. city or town	19	DE CITAMITS?
	D EASTERN AVE		BALTIMORE		AE2 X NO
	IMORE, MARYL		312 S. VINCEN	NT STREET - 2	21223
MALE 6. RAC	EGRO	RIED X NEVER MARRIED DIVORCED	11/25/32	9. AGE (In years lost birthdoy) 35	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working li	fe, even if refired)		MARYLAND		U.S.A.
IST FATHER'S NAME	HOWARD)	Villiams	MANNIE	ME	
5. Was Deceased Ever in	U. S. Armed Forces?	16. SOCIAL	17. INFORMANT RECORT	S: Baltimore	City Prospitals
Yes, no or unknown) (If yes,	give wor or dotes or serv	SECURITY NO. 2/6-28-2407	4940 Eastern A		Lmore, Md. 21224
(This does not meen heart failure, asthemic injury or complication ANTECE DISEASES OR COLUMN TO THE ASTERNIE CONTINUE TO THE DEATH BUT NOT THE DEATH BUT NOT TO THE DEATH BUT NOT THE	ONDITIONS CONTRIBUTION RELATED TO THE TERMINION GIVEN IN PART 1 (A).	ving (B) DUE TO, ORIAN (C) NG	S A CONSEQUENCE OF: A CONSEQUEN	enal Failure 20B. IF YES, WERE FI IN CERTIFYING CAU YES	INDINGS CONSIDERED
OR CONTRIBUTING	UNDERLYING	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		City, give exoct location)
	(Doy) (Year) (Hour)	21E, INJURY OCCURRED While At Not White At Work Work At Work		URY OCCUR?	
22 1 cartify that (I)	(this bosnital) attend	ed the deceased from	-4	19 68 to 5/1	19.68
	w the deceased alive	part is	101		ion death occurred on the date
		<u> </u>	view the body ofter deoth.	(30.7 3)	Total decorred on the don
23A. SIGNATURE	ne couses stored obov	e. (I) (we) (ala) (ala nor)	view the body offer deoff.		23B. DATE SIGNED
(31	DRNL		tending Med. Director	Staff Phys.	5/16/68
23 C. PHYSICIAN'S NAME (Type)	B.D. ISTO	Chan Chan	Balthnas	(ity Hos	Balto., Md. 21224
24A, BURIAL CREMATION REMOVAL CRECITY)	5/00/1968 8	C. NAME OF CEMETERY OF C	REMATORY 24D, L 24D, L 25C, FUNERAL DIRECTOR 25C, FUNERAL DIRECTOR	der Hill	3/9 / Separales Sy
VS 150-REV. 1/1/68					



			H
2	FUNERAL DIRECTOR: IMPORTANT	ORTANT	5
his certificate must be approved the body was released to the ho	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (assistant if death occurred in a hose if the direct or contributing cause	spital and h
hows: (1) An accident of any nat	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ny kind; (4) Undetermined cause; (5)	Deceased (S
ras D.O.A. at a hospital (except eceased prior to death); and (c	ras D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eccased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ed death was in regular attendan Jance on the deceased prior to de	ce on the ath. Such
vritten approval must be obtain	rritten approval must be obtained before the remains are embalmed or final disposition is made.	or final disposition is made.	
Q4 25	MEDICAL CERTIFICATION	3. FF HH 1. 5.	BI 1, (T

			BALTIMORE CITY			
DIDTH NIC	68- 5236	J	CERTIFICA	TE OF DEAT	H REG. NO.	68- 5230
BIRTH NO. 1, NAME OF DECEA	ASED				TE AND HOUR OF DEAT	Н
Type or Print)	Frank Wad	do Homi	tton			1 1 2
3. PLACE IN BALTI	MORE MARYLAND, W			4. USUAL RESIDENCE	ay 14, 1968 (Where deceased lived, II	institution: residence before admission)
	, , , , , , , , , , , , , , , , , , , ,	Trene Trene		A. STATE B.	COUNTY	7 5- 57
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland	Bal to.	AS SA
NSTITUTION"	ADDRESS ON LOOP	- 110117		C. CITY OR TOWN	D. II	VSIDE CITY LIMITS?
	4005 D1-7	N		Baltimore	D.C.D.	YES Y NO
00	1005 Parksl	ey avent	10	E. STREET AND NUM		
20		-		1005 Parks.		
	. RACE	MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	W	WIDOWED		March 7, 189		
	PATION (Give kind of worl orking life, even if retired)	10B. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
and defining most of the	Aking me, even a remost	Con	Can Company	Baltimor e	ьм	U.S.A.
3. FATHER'S NAM	E	J COM.	Jan Company	14. MOTHER'S MAIDE		0.0.1.
ma a a d	TT2 7 4					
Theodore				Alice Van	Vorst	
	ver in U. S. Armed For If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT	100	ADDRESS
			218-10-9790A	Mrs. A Har	iltonLee Rei	05 Parksley Avenue Ltimore, Md. 21223
1B, // /	201		CAUSE OF DEATI	H	11100111100, 10.	APPROXIMATE INTERVAL
UNDERLYING WOOTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITIONS, if obove couse (A) CONDITION lost. II CANT CONDITION S COBUT NOT RELATED TO TANDITION GIVEN IN PART OPPERATION 198. CONWAS PER	STOTING THE TERMINAL RT 1 (A).	(C) +U	perlu	Strl Card, 1	
= -				2011 4010131; 1103	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
21 A. ACCIDENT	WAS UNDERLYING	7 218	PLACE OF INJURY (e.g., ii			
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21 B hon etc.	PLACE OF INJURY (e.g., in ne, form, factory, street, of	n or obout 21 C. WHERE I	OID (If in Boltin	ic FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUT	nedicol exominer)	etc	ne, form, factory, street, of)	n or obout 21 C, WHERE I	DID (If in Boltin UR?	
OR CONTRIBUT DEATH (notify n	WAS UNDERLYING CAUSE OF nedicol exominer) Month) (Doy) (Year)	(Hour) 21E	ne, form, factory, street, of	n or obout 21C. WHERE I ffice bldg., INJURY OCCI	OID (If in Boltin	
OR CONTRIBUT DEATH (notify n	nedicol exominer)	(Hour) 21E	ne, form, factory, street, of INJURY OCCURRED ille At Not While	n or obout 21C. WHERE I ffice bldg., INJURY OCCI	DID (If in Boltin UR?	
ZIA. ACCIDENT OR CONTRIBUT DEATH (notify n 21D. TIME OF INJURY (APPROX.)	Month) (Doy) (Year) hot (I) (this hospito	(Hour) 21E Wh Wo	. INJURY OCCURRED iile At Not While the deceased from	n or obout 21C. WHERE I ffice bldg., INJURY OCCI	DID (If in Boltin	
ZIA. ACCIDENT OR CONTRIBUT DEATH (notify n OF INJURY (APPROX.)	Month) (Doy) (Year) hot (I) (this hospito	(Hour) 21E Wh Wo	. INJURY OCCURRED iile At Not While the deceased from	n or obout 21C. WHERE Infinite bldg., INJURY OCC	DID UR? (If in Boltin	Management (1965)
ZIA. ACCIDENT OR CONTRIBUT DEATH (notify n 21D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (we) I	Month) (Day) (Year) hot (I) (this hospito ost sow the decease	(Hour) 21E Wh Wo	. INJURY OCCURRED iile At Not While the deceosed from	21F. HOW DI	DID (If in Boltin	Many 1965
21 D. TIME OF CONTRIBUT DEATH (notify n 21 D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) Is	medical examiner) Month) (Day) (Year) hot (I) (this haspital ost sow the decease from the causes sta	(Hour) 21E Wh Wo	. INJURY OCCURRED iile At Not While the deceased from	21F. HOW DI	DID (If in Boltin	Mana 1968
21 A. ACCIDENT OR CONTRIBUT DEATH (notify n 21 D. TIME OF INJURY (APPROX.) 22. I certify the	medical examiner) Month) (Day) (Year) hot (I) (this haspital ost sow the decease from the causes sta	(Hour) 21E Wh Wo	ile At Not While At Work he deceosed from	21 F. HOW Di	DID (If in Boltin UR? D INJURY OCCUR? 19 (to	pinlon death occurred on the dot
21A. ACCIDENT OR CONTRIBUT DEATH (notify no 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) It ond hour and 23A. SIGNATURE	Month) (Doy) (Year) hot (I) (this hospito ost sow the deceose from the couses sto	(Hour) 21E Wh Wo	ile At Not While At Work Not While At Work he deceosed from	21F. HOW DI	DID (If in Boltin	May 1965
21A. ACCIDENT OR CONTRIBUT OR CONTRIBUT DEATH (notify notify noti	Month) (Doy) (Year) hot (I) (this hospito ost sow the deceose from the couses sto	(Hour) 21E Wh Wo	ne, form, foctory, street, of INJURY OCCURRED iile At Not Whith he deceosed from I) (We) (did) (did not) v Change Attention of the control of the contr	21F. HOW DI	DID (If in Boltin UR? D INJURY OCCUR? 19 (to	pinlon death occurred on the dot
21A. ACCIDENT OR CONTRIBUT DEATH (notify no 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) It ond hour and 23A. SIGNATURE	medical examiner) Month) (Day) (Year) hot (I) (this hospito ost sow the decease from the couses sto E S se)	(Hour) 21E Why wo I) oftended the dolive on ted obove. (ne, form, foctory, street, of INJURY OCCURRED Sile At Not While At Work he deceosed from I) (We) (did) (did not) v Change of the company of the compan	21F. HOW DI 21F. HOW DI 21F. HOW DI Med. Director 23D. ADDRESS	DID (If in Boltin UR? D INJURY OCCUR? 19 to and that in (my) (our) a geth. Staff Phys.	pinion death occurred on the dot
21A. ACCIDENT OR CONTRIBUT OR C	Month) (Doy) (Year) hot (I) (this hospito ost sow the deceose from the couses sto E Justin Kudi ATION, 1248, DATE	(Hour) 21E Wh Wo I) oftended t ed olive on ted obove. (ne, form, foctory, street, of INJURY OCCURRED Sile At Not While At Work he deceosed from I) (We) (did) (did not) v Change of the company of the compan	21F. HOW DI	DID (If in Boltin UR? D INJURY OCCUR? 19 to and that in (my) (our) a geth. Staff Phys.	pinion death occurred on the date
21A. ACCIDENT OR CONTRIBUT OR C	Month) (Doy) (Year) hot (I) (this hospito ost sow the deceose from the couses sto E Justin Kudi ATION, 248. DATE ecify)	(Hour) 21E Wh Wo I) ottended t ed olive on ted obove. (ne, form, foctory, street, of INJURY OCCURRED iile At Not Whith At Work he deceosed from I) (We) (did) (did not) v OEGREE AME of CEMETERY of CRE	n or obout 21C. WHERE Infinite bidg., INJURY OCCIO	DID (If in Boltin DINJURY OCCUR? 19 (to	pinlon death occurred on the dote
DEATH (notify no 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) I ond hour ond 23A. SIGNATURI NAME (Typ) 24 BURIAL CREM	medical examiner) Month) (Day) (Year) hot (I) (this hospito ost sow the decease from the couses sto E Justin Kudi ATION, 248. DATE ecify) 5-17-6	(Hour) 21E Why Wo I) ottended the dolive on ted obove. (Tka 24C. N. We	AME of CEMETERY or CRE	n or obout 21 C. WHERE Infinite bidg., INJURY OCCIO	DIDURY OCCUR? 19 to and that in (my) (our) of phys. Avenue Balto. Balto. Md.	pinlon death occurred on the date 23B. DATE SIGNED (City, town, or county) (Stote)
21A. ACCIDENT OR CONTRIBUT OR CONTRIBUT DEATH (notify n 21D. TIME OF INJURY (APPROX.) 22. I certify th that (I) (we) It and hour and 23A. SIGNATURI 23C PHYSICIAN NAME (Typ Dr 24A BURIAL CREM REMOVAL (Sp.) Burial	medical examiner) Month) (Day) (Year) hot (I) (this hospito ost sow the decease from the couses sto E Justin Kudi ATION, 248. DATE ecify) 5-17-6	(Hour) 21E Why Wo I) ottended the dolive on ted obove. (Tka 24C. N. We	ne, form, foctory, street, of INJURY OCCURRED iile At Not Whith At Work he deceosed from I) (We) (did) (did not) v OEGREE AME of CEMETERY of CRE	n or obout 21C. WHERE Infinite bidg., INJURY OCCIO	DIDURY OCCUR? 19 to and that in (my) (our) of phys. Avenue Balto. Balto. Md.	pinlon death occurred on the dote



VS 150-REV, 1/1/6B

a hospital and

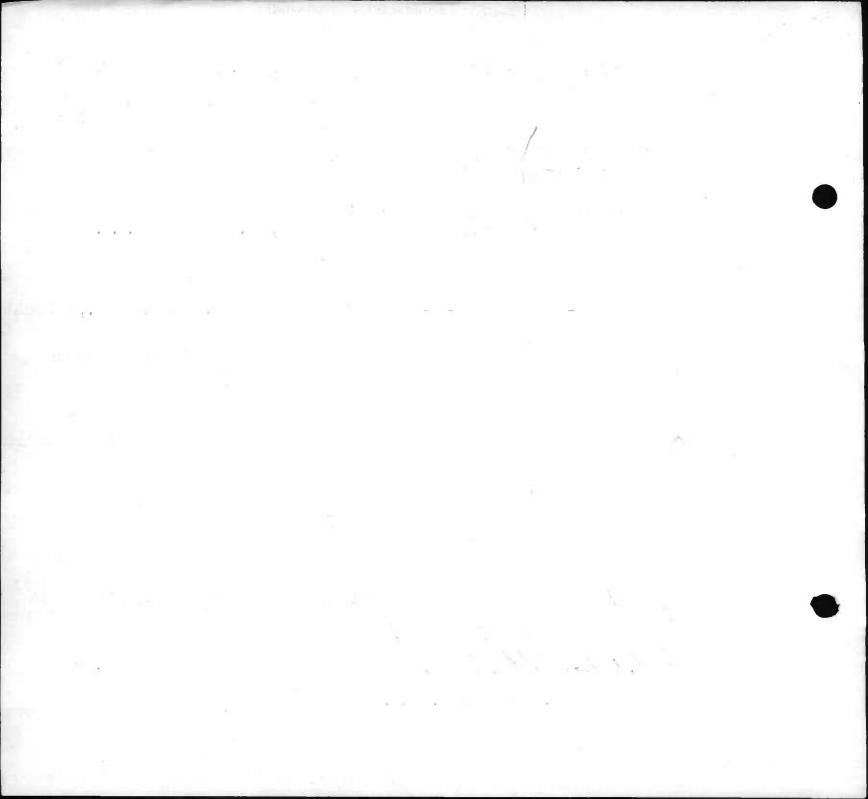
	CQ 5004 BALTIMORE CITY	Y HEALTH DEPARTMENT	5001			
68- 5231 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO						
	RIH NO.					
	NAME OF DECEASED (pe or Print)	2. DATE AND HOUR OF DEATH				
	KUREK, Bernard	5/17/68	1:25 a.m.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed fived, If institut	ion: residence before odmission)			
E	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland				
H	OSPITAL OR ADDRESS OR LOCATION)		ITY IMITS?			
"	17	Baltimore YE				
	33	E. STREET AND NUMBER				
	The Johns Hopkins Hospital	825 N. Belnord Ave. C/9	N. Rose ST			
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9. AGE (In years of the state of the sta	Under 1 Yr. If Under 24 Hrs.			
	Male White WIDOWED DIVORCED	7/27/00 67				
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?			
do	ne during most of working life, even if retired)	ny d				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
10	TAIRER 3 NAME	MOTHER'S MAIDEN NAME				
	William Kurek	Agnes Staiak				
15	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
11 .	UW-2 217-01-1287	15.11. 11.10=12 / 1011 P	Con C+			
-	18. CAUSE OF DEAT	THE WILK GITTOIN	APPROXIMATE INTERVAL			
1	1 2 1 0 1 0 1	Myoearoial Infarction	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	e Myocaroial Infanction	Several hours			
	(A) IMMEDIATE CAI	A CONSEQUENCE OF:	DECENCY NOTES			
	heori follure, asihenia, etc. Il means the diseose,	A CONSEQUENCE OF				
1	injury or complication which caused death.)	100.10	11/2			
1	ANTECEDENT CAUSES (B)	49CND	7eals			
н	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:	/			
П	UNDERLYING CONDITION last. (C)					
	420.1 11					
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		1 110			
ACITA	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED			
PETIFIC	2 WAS PERFORMED	Yes IN CERTIFYING CAUSES	OF DEATH!			
10	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID (If in Boltimore Cit	y, give exoct locotion)			
₫	DEATH (notify medical examiner) etc.)	omice bidg., INJURI OCCUR:				
בונו	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
N N	While At - Not Whi					
	(APPROX.) Work At Work					
	22. 1 certify that (1) (this hospital) attended the deceased from	5/16 168 10 5/1	7 168 ,			
	that (I) (we) last saw the deceased alive on	1968and that in(my) (aur) opinion	death accurred on the date			
	and hour and from the couses stated above. (I) (We) (did) (dld not)					
	23A. SIGNATURE		DATE SIGNED			
	AH ROLL	5/17/68				
	SORO DEGREE Phy	7.17.27	3/11/00			
1	238-PHYSICIAN'S	23D. ADDRESS				
	Dr. John R. Stone	The Johns Hopkins Hosp	ital			
24	A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CR		wn, or county) (Stote)			
1	BURINI Sholle Hala RALDON	Adul RAHO. Alal				
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS			
J.	MAY 20 1968 R. C. & Galley M. A.	B. DA BRAULICKI MILLER	1/10 St			
	RIMI WA 1900 AMORTO -	DINABITUMSKI JETE L. P.	+//0.01.			



the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined couse; (5) Deceased was D.O.A. of a hospital (except where the physician who pronounced deoth was in regular offendance on the deceased prior to death); and (6) No physicion was in regular aftendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

68- 5232

BIRTH NO.	00	CERTIFIC	ATE OF L	DEATH	
1. NAME OF DECI	_	2.4			ATH.
	GODWON, Raymo	ond Augustus THERE PRONOUNCED DEAD	I A LISTIAL DES	May 15, 1968	7:50 A M
3. PLACE IN BAL	IMORE MARILAND, W	HERE PRONOUNCED DEAD	A. STATE	B. COUNTY	in this month, lesingance before outhis sign)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Mary	rland	
HOSPITAL OR	ADDRESS OR LOCA	A IION)	C. CITY OR TO	D. I	INSIDE CITY LIMITS?
23 Ve	terans Admin	istration Hospital		imore	WES Y
39	00 Loch Raver	n Boulevard	E. STREET AN	ID NUMBER	
Ba	Itimore, Mary	vland 21218	207	Mount Street	
• SEX	6. RACE	7. MARRIED X NEVER MARRIED			If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male	Negro	WIDOWED DIVORCED			Total San
	IPATION (Give kind of work	10B. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY
	vorking life, even if retired)	Combonation success	Comman	Jahan Wa	77.0.4
Laborer		Contruction work		lton, Va.	U.S.A.
3. FATHER'S NAM				MAIDEN NAME	
Gussie G	odwin		Christ	ine Young	
5. Was Deceased	Ever in U. S. Armed For		17. INFORMAN	IT	ADDRESS
(es, no or unknown)	(If yes, give wor or date	s of service) SECURITY NO.		VA Hospital Rec	cords
Yes	7/3/44-1/1	1/45 214-18-1485	3900	Loch Raven Bouley	rard, Balto, Md 21218
18.162.	/	CAUSE OF DE	ATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DI	RECTLY			
DISEASES OF THE UNDERLYING	R CONDITIONS, if above cause (A) CONDITION last.	ony, giving DUE TO, OR staling the (C)	AS A CONSEQUEN	ICE OF:	
TO THE DEAT	H BUT NOT RELATED TO T	HE TERMINAL			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
19A. DATE OF	OPERATION 198 CON	IDITION FOR WHICH OPERATION	20 A. AUTO	PSY? (Yes or No) 208. IF YES, WE	ERE FINDINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED	Yes	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDEN	IT WAS UNDERLYING	218, PLACE OF INJURY (e.			imore City, give exoct location)
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF	218. PLACE OF INJURY (e. home, form, foctory, street, etc.)	, office bldg., INJU	RY OCCUR?	
O					
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED		HOW DID INJURY OCCUR?	
(APPROX.)		While At Not V	While D		
22 1				h 10 60 .	May 15th 19.68
22. I certify	that yi) (this haspital) attended the deceased fram	White Too	40	May 15th 19-00
that (J) (we)	last saw the decease	ed alive an Play 1510	19	OOand that in (gig) (our)	apinian death occurred an the dat
and have and	fram the causes sta	ted abave. (1) (We) (did) (di/d/n/o)	view the bady	after death.	
23A. SIGNATU	RE 0 1	111			23 B, DATE SIGNED
back	. K Slame		Attending	Med. Staff Phys.	May 16, 1968
23C. PHYSICIA	N'S	DE GREE	Phys. 23D, ADDRESS	Director - Priys.	123 209 2700
NAME (T	la m.	HAWTTOON TO W.D.		3900 Loch Raven	Boulevard
	CARLOS R.	HAMILTON, JR., M.D.	REE	Baltimore Maryl	and 21218
REMOVAL (S	MATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY	24D. LOCATION	(City, town, or county) (Stote)
72	1) m /20/1	d Top D. han	1. 19m	11 150174	1/1/1/20/1/
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGISTRAR	25G FUNE	RAL DIRECTOR	ADDRESS /
	BY HEALTH DEPT.	0 1 0 4	1910	1. A. C. 61.16	100 119 0 91 Can
¥3.1	V 20 1968 (I Van Fi E. Stanker	1 fel	CLET Chil Elle	2010 12 7/11. 97



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/6B

68- 5233	BALTIMORE CITY HE	ALTH DEPARTMENT		00 5000
BIRTH NO.	CERTIFICATE	OF DEATH	REG. NO:	68= 5233
1, NAME OF DECEASED (Typo or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	Jaylor LED DEAD 14	U ma	HOUR OF DEATH	M. on: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION	ON, GIVE STREET C.	CITY OR TOWN CALLENOUS	D. INSIDE C	No □
001007n. Hashingto	en St.	1007 7	Washing	on St.
A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BU	DIVORCED [Pun16. 1920	st birthdoyl Mon	Jnder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min.
Foster Worker	14.	MOTHER'S MAIDEN NAME	hurgety h	2.
S. Wos Deceased Everyn U. S. Affined Forces? Yes, no or unknown Ittly es, give visit or dates of service) 16.	SOCIAL 17.	Parl Jo.	lad in the	ADDRESS To St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAUSE DUE TO, OR AS A CO	ongestive /	eart Jailer	APPROXIMAN INTERVAL BETWEEN ONSET AND DEATH ### 129 To 5/11/68
injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	(B) DUE TO, OR AS A C	Vasc./fe	ard Physics	e
UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179. DATE OF OPERATION 1198. CONDITION FOR WHI	(C)	[20A. AUTOPSY? (Yes or No)]	208. IF YES WERE FINDIN	NGC CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF home, f	ACE OF INJURY(e.g., in or arm, foctory, street, office	obout 21 C. WHERE DID	208. IF YES, WERE FINDIN IN CERTIFYING CAUSES (
0	JURY OCCURRED Not While At Work	21 F. HOW DID INJUR	RY OCCUR?	
22. I certify that (I) (this haspital) attended the attended (I) (was) last sow the deceased alive on and four and from the consess stated above. (I)	may 1111	19 6 & and that	in (my) (out) opinion (deoth occurred on the dote
23A SIGNATURE M. A	Attendin Phys.	Med. St	roff 23B.	DATE SIGNED
Pudley Lee	M. D. DEGREE	1501- E.	Eager Si	T. Ballo, W.B. 21200
24A. BURIAL CREMATION, 24B. DATE 24C. NAME 24C. NAME 24C. NAME 24C. NAME 25A. DATE REC'D BY HEALTH DEPT 125B. NAME OF R	Matt Ce	24D. LOC	501 Theles	ADDRESS
MAY 20 1368 R. Leits &	الماروليان	milia 8 8	heken 11	79 7 Papic



VS 150-REV. 1/1/68

Shipland H. Janoon M. O. H. S. H. S. H. S. M. S.

B-42

68- 5235 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO

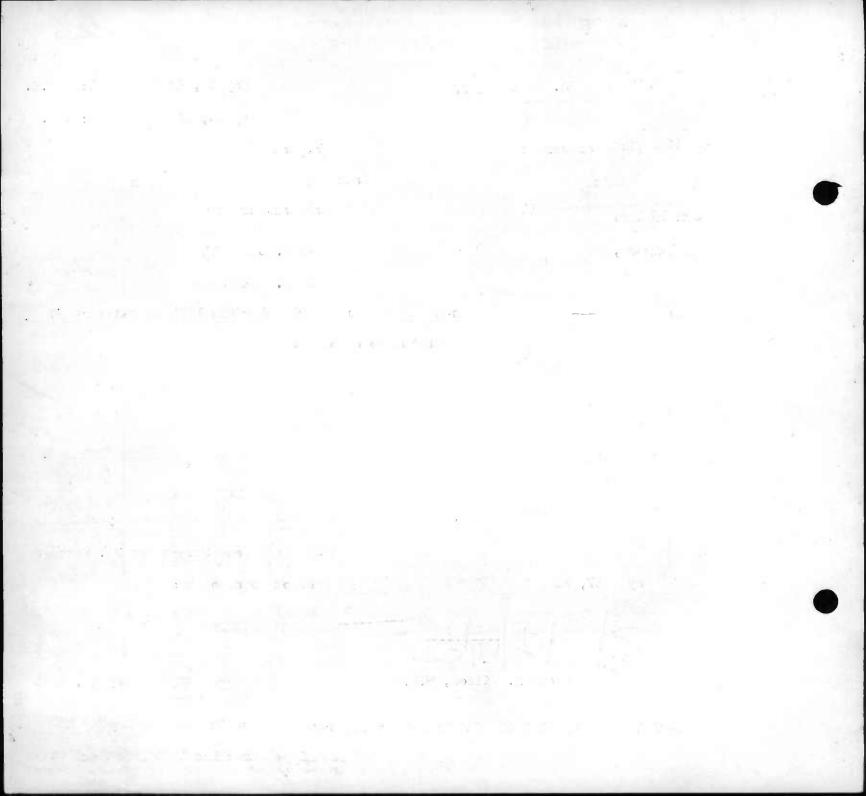
68-	5235
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) DODOTTLEA DT A MATERIA	QF Knawn Manth Day Year Haur
DOROTHEA BLAKNEY	DEATH Estimoted May 12, 1968 10,.45 M.
4 DI CE IN BALTIMORE, MARYLAHO, WHERE PRODUNCED PARTITION APPLAY OR INSTITUTION 6-20-68	3. DATE Month Doy Year Hour PRONOUNCED DEAD May 12, 1968 10:45 A 5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
33 HOPKINS HOSPITAL	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore VES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) 43 Months, Doys Hours Min.	1408 N. Milton Avenue
Y). BIRTHPLACE (Single of foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Coldie Bumpen
14A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME PLANTING
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	18. INFORMANTI Blakney
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEA Subarache Subarache (A)IMMEDIATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) My of	as a consequence of: globin nephropathy due to ned limb
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST. A11	AS A CONSEQUENCE OF: to accident
	burn of crushed limb from heating pad
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED.	
OF INJURY (APPROX.) April 28, 1968 6:36 WHILE AT NO AT WORK	TWHILE Hit by car
	ond that on this basis, death in my opinion
Actual Suici	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE EXAMINER'S Edward F. Wilson, M.D. NAME (Type)	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5-13-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) May 17/68 Cubutus	mem tack arbutus and
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Bushy Clikson 1/29h. Center
VS 151-REV. 1/1/68 / 9 9 9 9 9	U V

Letter from M.E.'s office 6-20-68

68- 5236 BALTIMORE CITY HEALTH DEPARTMENT AMEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	CERTIFICATE OF DEATH REG. NO.			
1 NAME OF DECEASED	2. DATE Knawn Month Day Year Hour			
(Type or Print) LUTHER A. CASHWELL	OF DEATH Estimoted May 18, 1968 1:00 A.M.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD Month 10.00 A			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	May 18, 1968 1:00 A. M. S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
00 1603 Shakspame Street	A. STATE Maryland B. COUNTY			
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?			
Male White WIDOWED ☐ DIVORCED ☐	Baltimore YES X NO			
9. DATE OF BIRTH Jan 15 1957 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min Min				
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME			
Baltimore, Md WHATCOUNTRY?	James F. Cashwell			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	15. MOTHER'S MAIDEN NAME			
done during most of working life, even if retired)	Leona M. Stephens			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS			
No None	Leona Marie Giordano 1603 Shakespeare St			
19. = 9.2.2.1.9 CAUSE OF DE	BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	wound of head			
LEADING TO DEATH (A)IMMEDIATE CAUSE				
(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:			
ANTECEDENT CAUSES (B)				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	AS A CONSEQUENCE OF:			
UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V				
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)			
0 2	yes			
ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g. underlying Cor contrib.	., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) 2 - 03 ice bldg., etc.) INJURY OCCUR?			
☐ UTING ☐ CAUSE OF DEATH. HOME	1603 Shakespare Street 1st Fl. Kitchen			
OF INJURY OCCURRED				
(APPROX.) May 17, 00 : m. WORK AT	WORK Gunshot wound od head			
23.	utapsy 🗵 ond that on this basis, death in my opinian			
	ide HomicIde Undetermined manner			
	CHIEF MEDICAL EXAMINER			
ACTUAL ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER May 18, 1968			
NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	or CREMATORY 24D. LOCATION (City, town, or county) (State)			
Burial May 21 1968 St Stenisle	us Cemetery Dundalk Ave Balto Md			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS			
MAY 20 1968 Release & starkey	The Dippel Bros Inc 1800 E Lombard St			
VS 151-REV. 1/1/68				



-		BALTIMORE CITY HEALTH	DEPARTMENT REG. NO. 68- 5237
	BIRT	BIRTH NO. 68- 5237 CERTIFICATE OF	DEATH X REG. NO. 00 0207
	(Тур	1. NAME OF DECEASED (Type or Print) RITA SIMMONS	2. DATE AND HOUR OF DEATH MAY 8 1968 2650 P.M.
		CERTIFICATE AMENDED	RESIDENCE (Where deceased lived, II institution: residence before admission) B. COUNTY Balls C. 5
	INS	INSTITUTION WERSITY HOSPITAL >=22-00 PI	TAND NUMBER
	3	38	OI UPLAND ROAD
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE C WIDOWED DIVORCED 5	10 7 lost birthdoy 61 Months Doys Hours Min.
		10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHI done during most of working life, even if relired)	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
	13. F	13. FATHER'S NAME LAWRENCE EICHORN ELI	ER'S MAIDEN NAME A MAR BABYLOA
3	1S. V (Yes	TS, Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of dotes of service) 16. SOCIAL SECURITY NO.	
		Mone 2-16-03-910 MADE.	Mellie It Jehman 50/ Deland Act APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE C. F.	EBRAL VASCULAR ACCIDENT DAYS
		heori foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	JENCE OF:
		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSECUTION OF THE CONTROL OF THE CO	ARTBRIOS CLRROTIC
		rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	ARTBRIOSCLAREOTIC DENCE OF AR DISPASE YEARS FL EIBRILLAHOAY
	<u> </u>	433.1	ZRY EMBOLI
			UTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5		OR CONTRIBUTING CAUSE OF home, larm, foctory, street, office bldg., etc.)	NJURY OCCUR? (If in Boltimore City, give exact tocotion)
5	۵	OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
2		22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on Man 19	1 21 1968 to May 8 1968.
100		and hour and from the causes stated obove. (1) (We) (did) (did not) view the b	
		23A. SIGNATURE Attending DEGREE Phys.	Med. Stoff Director Phys. 23B. DATE SIGNED
brow		CHARLES M HARRISON MA. UN	WRRSITY HOSPITAL
0 0	24A	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (Cipy, town, or copyty) ((Stote)
N. I.	25 A	25A. DATE REC'D BY HEALTH DETT. 25B. NAME OF REGISTRAL 25C. F	UNERAL DIRECTOR
	VS	VS 150-REV. 1/1/6B	mund 17 / Cewelf Intervilled

M.H.

	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTAN			
cate must be appro	icate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	lical examiner	or his assistant	if death occurred	l in a hospital a	pui
was released to the	was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	cal examiner.	Also, if the di	rect or contributii	ng cause of dea	ath
An accident of any	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ns; (3) A fractur	e of any kind;	(4) Undetermined	cause; (5) Deceas	sed
Lat a hospital (ex	Lata hospital (except where the physician who pronounced death was in regular attendance on the	ician who pror	nounced death	was in regular	attendance on t	the
prior to death); an	prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	as in regular	attendance on	the deceased pr	ior to death. Su	uch
proval must be obt	sproyal must be obtained before the remains are embalmed or final disposition is made.	ains are embal	med or final di	sposition is made.		

BIRTH NO.

(Type or Print)

HOSPITAL OR

NO

S. SEX

ū

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

that (I) (we) last saw the deceased alive an

DEATH (notify medical examiner)

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Blanche Louise Watson 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED" DEAD B. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Fid . C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES 7 NO E. STREET AND NUMBER House In The Pines Delvedere Baltimore Ma. 6207 Hopeton Ave. Belvedered Ave. . 9. AGE (In years If Under 1 Yr. If Uni Months! Days Hours B. DATE OF BIRTH If Under 24 Hrs. · MARRIED NEVER MARRIED lost birthday) Female White WIDOWED DIVORCED Dec. 4,1881 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bupervisor Standard Distillers Daltimore, Ma. U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Charles L. rasterfield UniviOWI Rousch 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Daltimore 15,111. None Zemon. 6207 Hobe to. Gertrude BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF Carlal artumleon

injuty or complication which coused death,) DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. 260 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID

home, form, foctory, street, office bldg., INJURY OCCUR? 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY Not While While At (APPROX.) Work At Work

22, I certify that (I) (this haspital) attended the deceased from

19 6 8 ond that in(my) (w) opinion death occurred an the date

(If in Boltimare City, give exact location)

and have and from the causes stated above. (!) (((did not) view the body after death.

1	(1110 and	000		1
-	23C. PHYSICIAN'S	a figure	DEOREE	-

Attending [* Med. Director L 23D. ADDRESS

24C. NAME of CEMETERY OF CREMATORY

(Stole)

May 18,1966 Bultimore Cemetery 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR

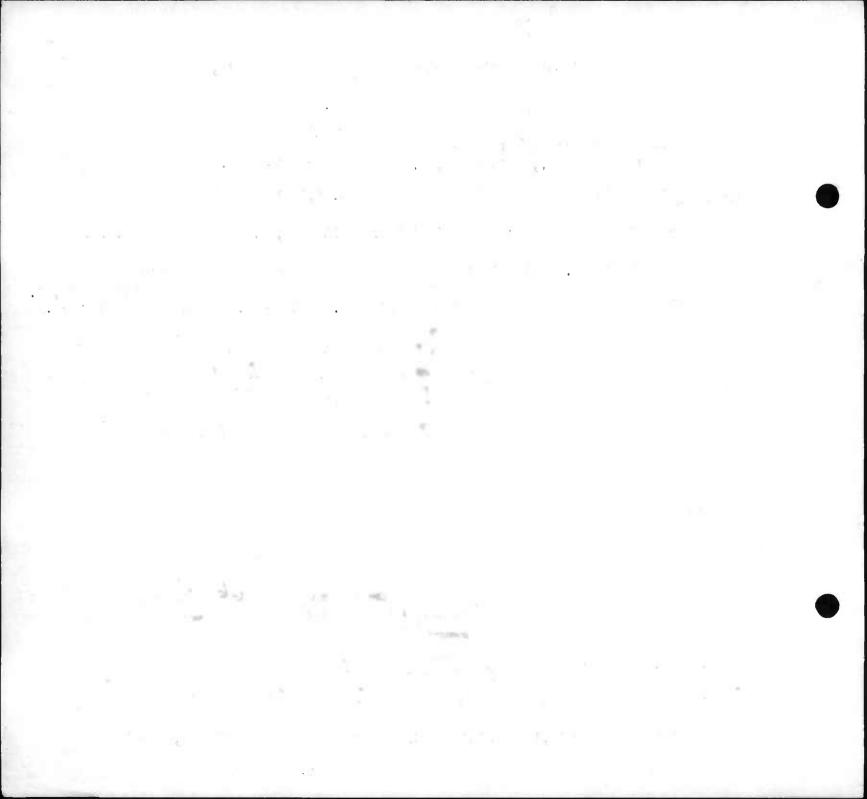
Baltimore, Harvland

23B, DATE SIGNED

VS 150-REV. 1/1/68

shows: (1) was D.O.A deceased written ap

25C. FUNERAL DIRECTOR

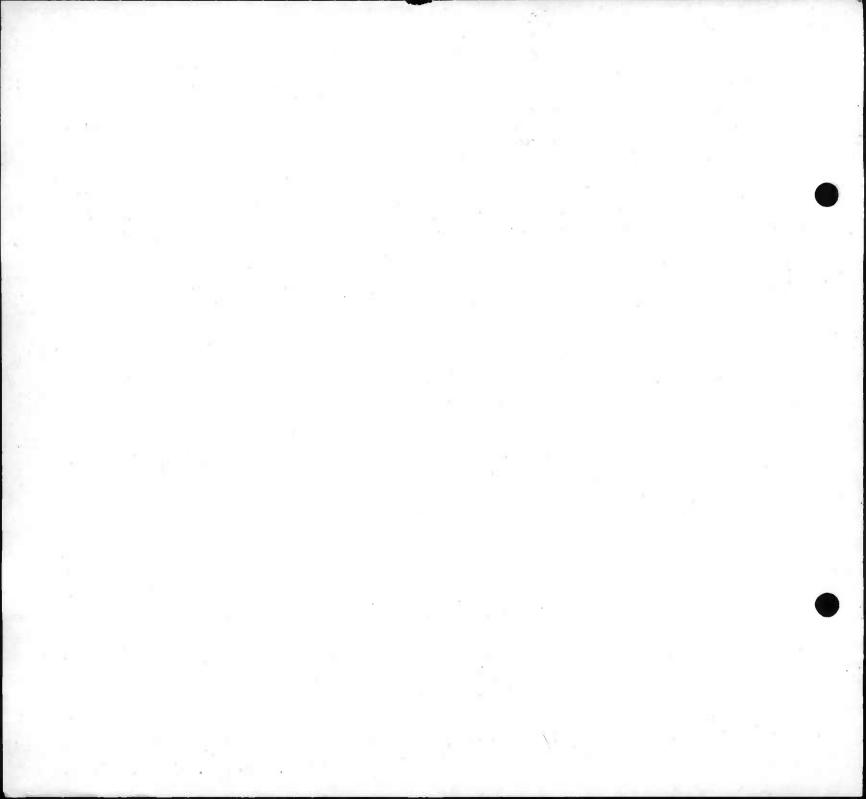


	68-	5239 CERTIFICA	TE OF DEATH
1. 6	012412210 10 24441	L. Milton	2. DATE
FU	SPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (WA. STATE 8. COL
9	Montebello Stru	to Hospital	E. STREET AND NUMBER 5648 Woodmon
S.	M W wi	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 1-30-12
don	acountary	wind of Business or industry	Marylan
	Derigania 5, Mi		14. MOTHER'S MAIDEN N
(Ye	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of	service) 16. SOCIAL SECURITY NO. 2/12-03-77/0	HOSpital
ATION	LEADING TO DEATH (This does not mean the mode of dyinheart failure, asthenia, etc. It means the injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) state UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITOT THE DEATH BUT NOT RELATED TO THE TEDISEASE OR CONDITION GIVEN IN PART 1 (giving (B) Character (C)	BEAIN anter,
AL CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or on or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?
MEDIC	21 D. TIME (Month) (Day) (Year) (HOF INJURY (APPROX.)	While At Nork Nort While Work	21F. HOW DID I
	22. I certify that (I) (this hospital) or that (I) (we) lost sow the deceased of and hour and from the couses stated can be suggested as a signature of the couse	boove. (1) (We) (did) (did not) v	ending Med.
24/	A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI	
25/	Burial 5/20/68 A. DATE REC'D BY HEALTH DEPT. 258.	Parkwood Cemeter	2SC. FUNERAL DIRECT

REG. NO.	68	5239

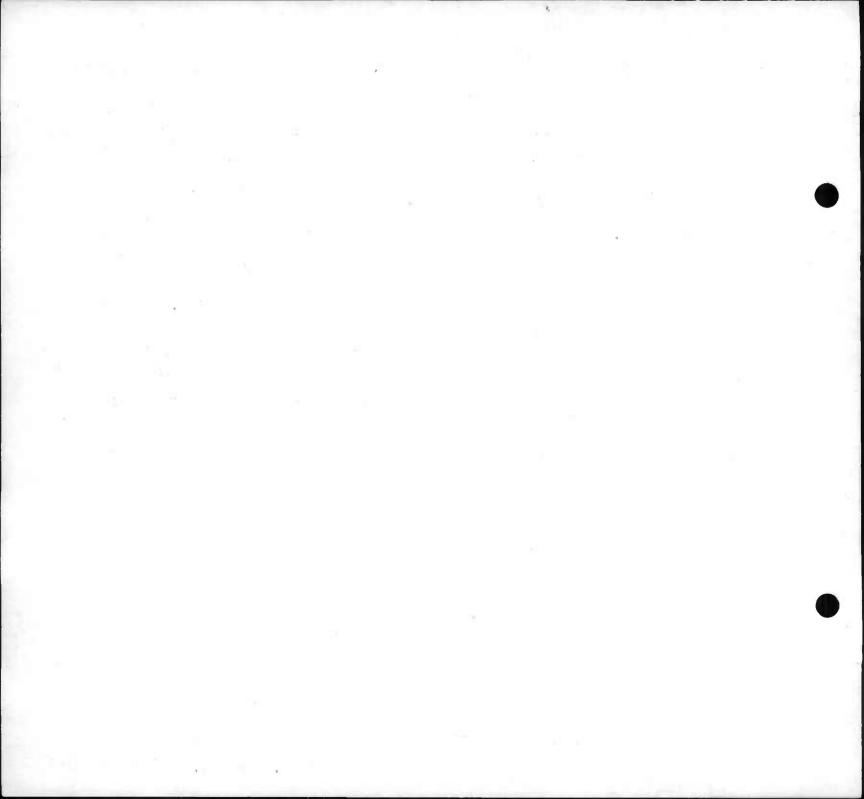
	H NO.	To be the same and
	AME OF DECEASED STUGET L. MILTON	2. Date and Hour of Death May 17, 1968 1:30p.
	L NAME OF OF HOS IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissi A. STATE 8. COUNTY
HOS	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. IJ SIDE CITY LIMITS
9	Montebello State Hospital	E. STREET AND NUMBER 5648 Woodmont Avenue
S. SE	WIDOWED DIVORCED	8. DATE OF BIRTH 1-30-12 9. AGE (In years Il Under 1 Yr. Il Under 24 Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) ACCOUNTAIN	Maryland U.S.A.
13. F	Derijania 5. Milton	14. MOTHER'S MAIDEN NAME STELLA NITZEE
(Yes.	Vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of service) LNOCOUN 1 2/2-03-77/0	17. INFORMANT ADDRESS HOSpital Chart
1	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DE
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	A CONSEQUENCE OF: 2-3 WELL
	ANTECEDENT CAUSES	A CONSEQUENCE OF: 2-3 YEAR
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS rise to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF: a/lifinasis
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	beain anteries thrombosis.
X	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
L CERTIFICA.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	IN CERTIFYING CAUSES OF DEATH?
MEDICAL CERTIFICA	19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If In Boltimore City, give exoct locotion) 21F. HOW DID INJURY OCCUR?
MEDICAL CERTIFICA	19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (I) (this hospital) ottended the deceased from	IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If In Boltimore City, give exoct locotion) 21F. HOW DID INJURY OCCUR?
MEDICAL CERTIFICA	19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicat examiner) 21D. TIME (Month) (Day) (Year) (Hour) (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased olive on and hour and from the couses stated obove. (I) (We) (did) (did not) v	IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If In Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10
MEDICAL CERTIFICA	19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased olive on and hour and from the couses stated obove. (I) (We) (did) (did not) verification.	IN CERTIFYING CAUSES OF DEATH? In or obout 21C, WHERE DID (If In Boltimore City, give exoct location) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? The property of the control of the contro
MEDICAL CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.) 21B. PLACE OF INJURY (e.g.	IN CERTIFYING CAUSES OF DEATH? In or obout 21C, WHERE DID (If In Boltimore City, give exoct locotion) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 10
MEDICAL CERTIFICA	19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased olive on and hour and from the couses stated obove. (I) (We) (did) (did not) very company of the couse of the c	IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If In Boltimore City, give exoct locotion) 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23F. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS 24D. LOCATION (City, town, or county) (Stoles)

VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	eath occurred in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Indetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	s in regular aftendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	deceased prior to death. Such
mental managed by about at a partial habear of a sample and a managed or final disposition is made	

C		TE OF DEATH REG. NO.	68- 5240
	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.	00 00-30
	1. NAME OF DECEASED (Type or Print) JOHN Sr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If inst	7:00 A M.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN	imore E CITY LIMITS? YES
	THE JOHUS HOPKINS HOSPITAL	E. STREET AND NUMBER	201
O O		503 E 39th St.	If Under 1 Yr., It Under 24 Hrs.
200	Male Whitewidowed Divorced	12/25/08 Iost birthdoy	Months Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even it retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
aisposition	Pleugh Inc.(Ret)	Baltimere Maryland	USA
SOS		14. MOTHER'S MAIDEN NAME	
2	William Price	Bessie Cla g g	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Bull	No CAUSE OF DEATH	Jumerna Mae Price 503 E. 3	9th Street
remains are embalm	heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	a consequence of: Audurysia a consequence of:	Depart years
1ne	DISEASE OR CONDITION GIVEN IN PART 1 (A). DIPA. DATE OF OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
betore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	n or obout 21 C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exact location)
gined	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While Not Work At Work		10
pe opt	22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an	19 (aur) apin	ian death accurred an the date
approval must	23C. PHYSICIAN'S NAME (Type) Physician'S NAME (Type) Physician'S Condoc	nding Med. Staff	238. DATE SIGNED 5-17-68
do	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRE		r, town, or county) (State)
	Burial 5/21/68 Lerraine Park Co	emetery Baltimere Mary	rland
Written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2sc. funeral director Librard J. Ruck Inc. 530	ADDRESS

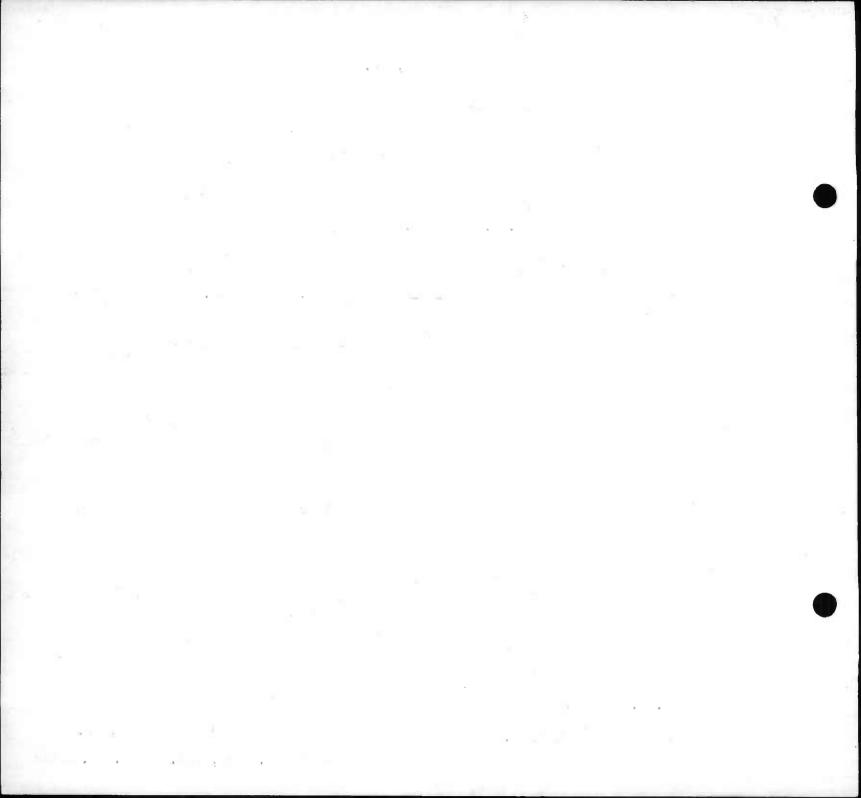


	FOAR	BALTIMORE	CITY	HEALTH	DEPARTMEN
76	5241				

REG. NO.

00	5241

BIRTH NO.	RIIFICATE OF DE	AIH	
1. NAME OF DECEASED		ATE AND HOUR OF DEATH	
(Type or Print) FORREST CALIFOR	r, Sr.	5/16/68	8 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 4. USUAL RESID	ENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIV	E STREET MARY	LAND A	
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOW		DE CIDATIMITS
1///	BALTIA		YES XXX NO
TY UNION MEMORIAL	HOSP 3035		_
	. 3005	PINEWOOD A	
S. SEX 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
WIDOWED D	ON INDUSTRY 11 BIRTHELA CE	02 65	12, CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	a- m		USA
PAOTOENGRAVER A. S. Abell	1. 1416	YLAND	USA
13. FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	
MILTON CALHOUN	MABO	-L LRELAN	O D
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)		Margaret B. Calh	address noun (Same)
No 213-0	3-2498 Wirs.	Margaret D. Carr	Same)
18. // / / / GAU	JSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A of	0.0	A CONSTRUCTION OF THE PERSON O
	IMMEDIATE CAUSE / + Cull	my vendial	Laster
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO, OR AS A CONSEQUENCE (OF: '	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CONSEQUENCE	OF:	
rise to the above cause (A) stating the		W.	4.42
z 420.1 II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).			
19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OP	ERATION 20 A. AUTOPSY	? (Yes or No) 20B, IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED	XES	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF 21 B. PLACE OF home, farm, fo	F INJURY (e.g., in or obout 21 C. WH actory, street, office bldg., INJURY	ERE DID (If in Boltimor OCCUR?	e City, give exact lacotion)
0			
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OF INJURY	Not While	W DID INJURY OCCUR?	
(APPROX.)	At Work		- 1.
22. I certify that (1) (this hospital) attended the deceas	ed from 5/16	19 68 to	5/16 1968
that (1) (we) last saw the deceased alive an	16 19 66	5 and that in(my) (out) o pi	nian death occurred on the date
and have and from the causes stated above. (1) (We) (di	and the second s		
23A. SIGNATURE	/	NO. 1186 NO. 15	23B. DATE SIGNED
W. N. Celler V	MD Attending Me	d. Staff 🔀	5/10/68
23C. PHYSICIAN'S	23D. ADDRESS		700
NAME (Type)	Wood on War	randal Bacadhal	
W. H. Cehlert 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY OF CREMATORY	24D. LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)			stown, Md.
Burial 5/20/68 Reisters 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTR	AN DESCRIPTION		
MAY 20 1968 R. L. D. E. J.	Leonar	h J. Ruck, Inc. E	Balto. Md. 21214
VS 150-REV. 1/1/6B			



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

VS 150-REV. 1/1/68

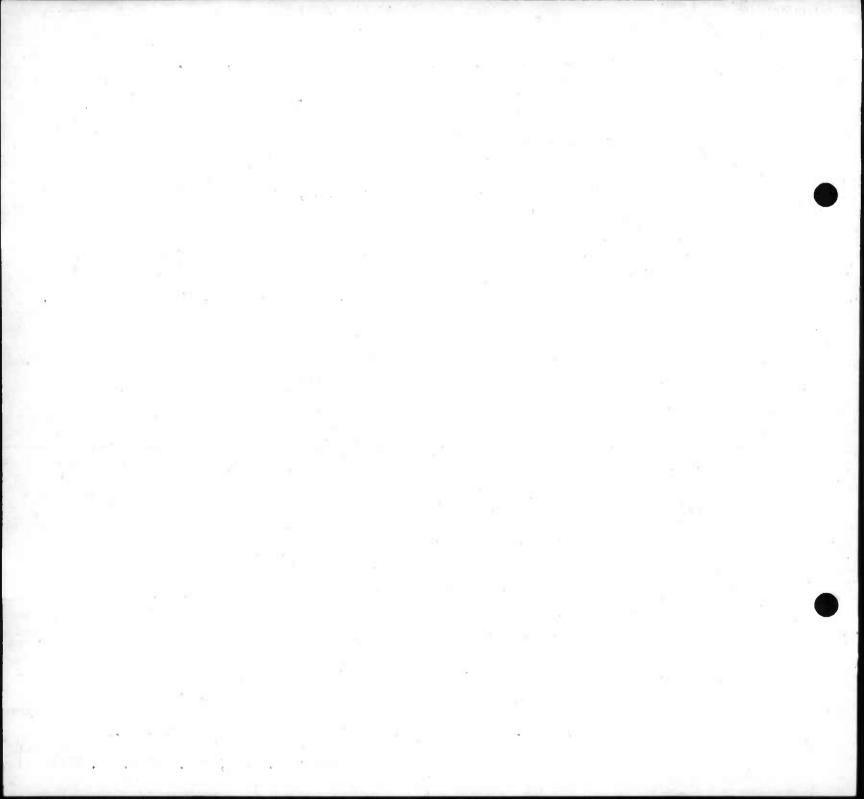
68-	5242
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

68	5242

BIRTH NO.	CERTIFICA	ATE OF DEATH REG. N	10. 00 004 <u>0</u>
1. NAME OF DECEASED (Type or Print) CAROLI	NE C. BOHN	2. DATE AND HOUR OF 1	A3
HOSPITAL OR ADDRESS OR LOC.	AL OR INSTITUTION, GIVE STREET ATION)	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY Md. C. CITY OR TOWN Baltimere	
90 Gould Conval	Lesarium	E. STREET AND NUMBER	hedral Street
5. sex Female White	7- MARRIED NEVER MARRIED WIDOWED C DIVORCED	April 10, 1881	Nonths Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired) Housewife	k 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) Maryland	USA
13. FATHER'S NAME	Mc Greevey	14. MOTHER'S MAIDEN NAME Ü	nknown
15. Was Deceased Ever in U. 5. Armed Fo (Yes, no or unknown) (If yes, give war or dote NO		Mr. Joseph Brunsman,	ADDRESS 1523 Fidelity Bldg.
DISEASE OR CONDITION DI	RECTLY Corebral (A) IMMEDIATE CA	Thrombosoa	BETWEEN ONSET AND DEA
ANTECEDENT CAUSES DISEASES OR CONDITIONS, in itse to the obove cause (A) UNDERLYING CONDITION last. 4 2 , / II OTHER SIGNIFICANT CONDITIONS C	ony, giving DUE TO, OR A CC)	S A CONSEQUENCE OF:	
198. CON WAS PER	FORMED		WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF tNJURY (e.g., home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID (If in loffice bldg., INJURY OCCUR?	Beltimore City, give exoct location)
21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E. INJURY OCCURRED While At Not Wh Work At Wor	21 F. HOW DID INJURY OCCUR?	
that (1) (WE) last saw the decease	ted above. (I) ((did) (did-not)	view the body after death. tending Med. Shaff Director Phys.	
23C.PHYSICIAM'S NAME (Type) Phillbert Arti	giani		12. Balt hd. 212,
24A. BURIAL CREMATION, REMOVAL (Specify) 5/22/	24C. NAME of CEMETERY of C	Cemetery Balt	(City, town, or county) (5totel
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	Logna rd J. Ruck, Inc	a. Balte. Md. 21214

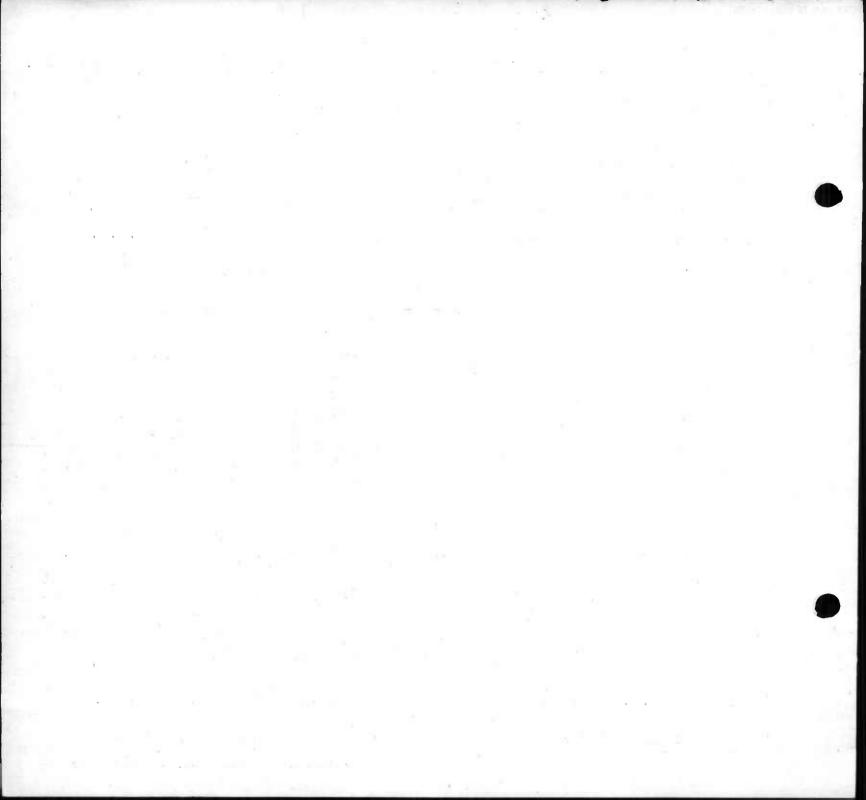


3- 5243 B	ALTIMORE CITY
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ALTIMORE CITY HEALTH DEPARTMENT

EG. NO.	08-	5243
100		

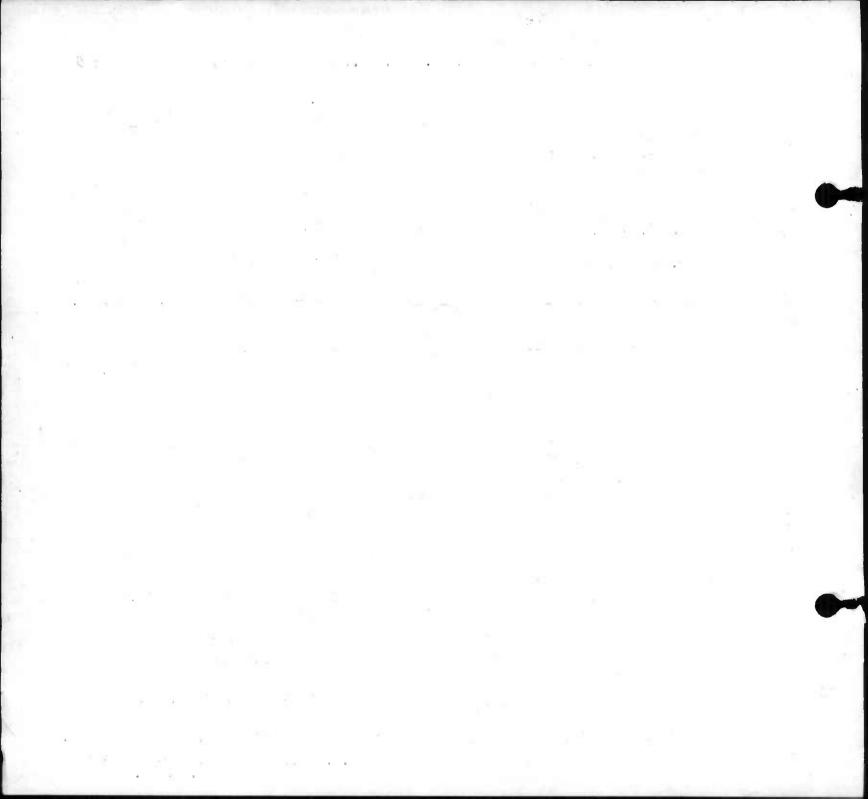
-	CERTIFICATE C	OF DEATH REG. NO.
1	NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Ту	Type or Print) Joseph Bellistri	May 18 1068 111000 P
1 3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USL	May 18, 1968 4: 30 P JAL RESIDENCE (Where deceased lived, It institution; residence before admiss
"	A. STA	TE B. COUNTY
FU		ryland
IN		OR TOWN D. INSIDE CITY LIMITS?
1		eltimore YES & NO [
	E. STR	EET AND NUMBER
0	00 2903 Markley Ave 29	903 Markley Ave
S.		FOF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 Manths Doys Hours Min
	Male White WIDOWED DIVORCED Apr	ril 13,1880 88
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
do	lone during most of working life, even il retired)	0.1
	Retired Stone Mason	Italy U.S.A.
13.	3. FATHER'S NAME	OTHER'S MAIDEN NAME
	Joseph Bellistri Ar	polonia Amenda
15.	S, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFO	ORMANT ADDRESS
110	Yes, na ar unknown) (If yes, give wor or dates of service) SECURITY NO.	
1	No 213-03-6869	Samuel J Assera Same APPROXIMATE INTERV.
	18. 404 X I CAUSE-OF DEATH	rlenoscherotic contio BETWEEN ONSET AND DI
li	DISEASE OR CONDITION DIRECTLY	
	(A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (DIE TO, OR AS A CONST	askerlan send distant 3-4 ye.
		EQUENCE OF:
	injury or complication which caused death.)	
H	ANTECEDENT CAUSES	
		SEQUENCE OF:
	rise to the obove cause (A) stoling the UNDERLYING CONDITION lost, (C)	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	│ TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
N O	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
l a	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or abo	ut 21 C. WHERE DID (If in Baltimore City, give exoct lacotion)
=	OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg DEATH (natify medical examiner)	INJURY OCCUR?
	0	
AED.	21 D. TIME (Manth) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
	While At Work	
	22. I certify that (1) (this hospital) attended the deceased from 194	19 to 5 - 18 - 1 = 10
	that (1) (we) last saw the deceased alive an 4-30-48	9 and that in (my) framelenninian death accurred as the
	and have and from the causes stated above. (1) (We) (did) (did not) view the	
	23A. SIGNATURE	23B, DATE SIGNED
	L. W. Telefal DEGREE Phys.	Med. Staff 5-70-68
	23C. PHYSICIAN'S 23D. AD	DRESS
	NAME (Type) Peake MD 450	08 Harford Rd Baltimore Md
24	DEGREE 700	0
1	PEAAOVAL (Speciful	
	Burial 5/21/68 Holy Redeemer	Baltimore, Maryland Formard & Ruck Inc Baltimore, Md
25	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1 25C	FUNERAL DIRECTOR ON POLITICAL ADDRESS MA
	MAY 20 1968 Of Celo E. Falley MA	contact of Mack site Datashore, ma
VS	/S 1SO-REV, 1/1/6B	



N BALTIMORE MARYL AE OF (IF NOT IN ADDRESS ON ADDRESS ON WITH ADDRESS ON ADD	AND, WHERE PRONO HOSPITAL OR INSTITUTE Service Ho Tive 7- MARRIED WIDOWED	TUTION, GIVE STREET	Col.)	OUNTY D. II	1:45 I I I I I I I I I I I I I I I I I I I
wblic Health Wyman Pk. D 6. RACE W OCCUPATION (Give kin most of working life, even if	1 Service Ho Tive 7 MARRIED WIDOWED	spital	Md. C. CITY OR TOWN BALLIMOTE E. STREET AND NUMBI	OUNTY D. II	NSID CITY LIMITS!
wblic Health Wyman Pk. D M OCCUPATION (Give kir most of working life, even it Lt. Col.	Service Ho	spital	C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER	ER .	The state of the s
Wyman Pk. D 6. RACE W OCCUPATION (Give kir most of working life, even it Lt. Col.	7. MARRIED WIDOWED		E. STREET AND NUMB		YES K NO
M W OCCUPATION (Give kir most of working life, even if Lt. Col.	WIDOWED	X NEVER MARRIED		ranieds	
most of working life, even in Lt. Col.	nd of work 10B. KIND O		7/13/97	9. AGE (In years last birthday)	If Under 1 Yr. If Under Months Doys Hours
'S NAME	if retired)	F BUSINESS OR INDUSTRY rine Corps	11. BIRTHPLACE (Stote of	foreign country)	USA
Robert Watso	on		Georgia I		
ceosed Ever in U. S. Annknown) of USMC 1	or or dates of service)	16. SOCIAL SECURITY NO. 545-38-4799	17. INFORMANT Records- US	PHS Hospita	ADDRESS
SIGNIFICANT CONDITION E DEATH BUT NOT RELA E OR CONDITION GIVE ATE OF OPERATION 1	TED TO THE TERMINAL N IN PART 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CCIDENT WAS UNDER	REYING 211	me, form, factory, street, a	n or obout 21 C. WHERE DI	D (If in Boltin	more City, give exact location)
ME (Month) (Doy)	Yeor) (Hour) 211	E. INJURY OCCURRED	e 🗂	INJURY OCCUR?	
) (we) lost sow the	deceased alive on.	May 17	19 68 an		May 17 19 opinion deoth accurred on t
	ses stated obove.	(I) (We) (did) (d/d/y/g/)	riew the body after de	oth.	23B, DATE SIGNED
Henry	5 Cur	MO GEGREE Phy	s. Director L	Staff Phys.	5/17/68
Henry Henry	y 5 Cri	ST, MU GEGREE		pital, Balto	, Md.
VAL (Specify)	440				(City, town, or county)
1al 5/2		rlington Natio	mal A	rlington,	Va. ADDRESS
TE COL TO COL	USMC 1 DISEASE OR CONDITION LEADING TO does not mean the refailure, asthenia, etc. or complication which ANTECEDENT USES OR CONDITION TO THE ABOVE COUNTY OF THE CONDITION TO THE CONDITION TO THE CONDITION OF	USMC 1916-1945 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH does not mean the made of dying, e.g., failure, asthenia, etc. It means the disease or complication which caused deoth.) ANTECEDENT CAUSES USES OR CONDITIONS, if ony, giving to the above cause (A) stating the above cause (BLYING CONDITION TO THE TERMINAL FOR THE TERMINAL TO THE	USMC 1916-1945 CAUSE OF DEATH	USMC 1916-1945 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH does not mean the made of dying, e.g., or complication which caused deoth,) ANTECEDENT CAUSES SES OR CONDITIONS, if ony, giving to the above cause (A) stating the RELYING CONDITION lost. II SIGNIFICANT CONDITIONS CONTRIBUTING E DEATH BUT NOT RELATED TO THE TERMINAL SE OR CONDITION GIVEN IN PART 1 (A). ATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DI ONTRIBUTING CAUSE OF thome, form, foctory, sheet, office bidg., INJURY OCCU (I (nofity medical examiner) ME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Work Was Verify that (W (this hospital) attended the deceased from May 11 (Yes) CONTRIBUTION CEPTIFY that (W (this hospital) attended the deceased from May 17 19 68 ONTAINE AME (Type) HEAD OF DEATH (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (A) MEMORITY J Probably (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J Probably (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J PROBABLY (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR J PROBABLY (B)	USMC 1916-1945 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH does not mean the mode of dying, e.g., failure, astheria, etc. It means the disease, or complication which caused death.) ANTECEDENT CAUSES SES OR CONDITIONS, if ony, giving to the above cause (A) stating the RRLYING CONDITION Lost. II SIGNIFICANT CONDITIONS CONTRIBUTING E DEATH BUT NOTRELATED TO THE TERMINAL EE OR CONDITION GIVEN IN PART I (A). ATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED DIE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE OF: TUMOR , Probably Primary (C) (B) DUE TO, OR AS A CONSEQUENCE

VS 150-REV. 1/1/68

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VS 150-REV. 1/1/6B

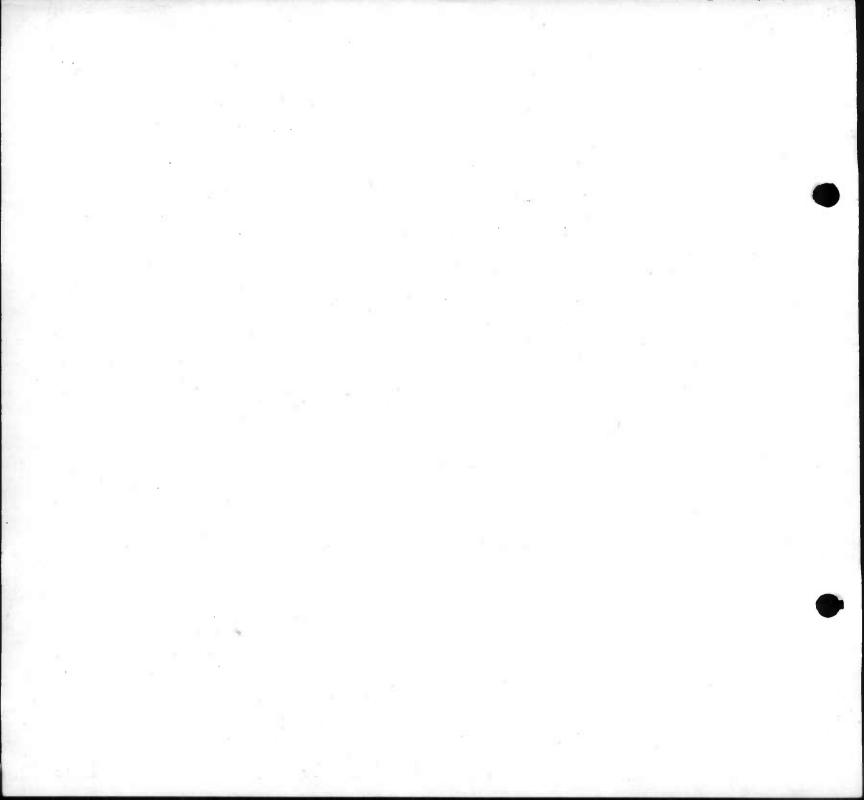
and

hospital

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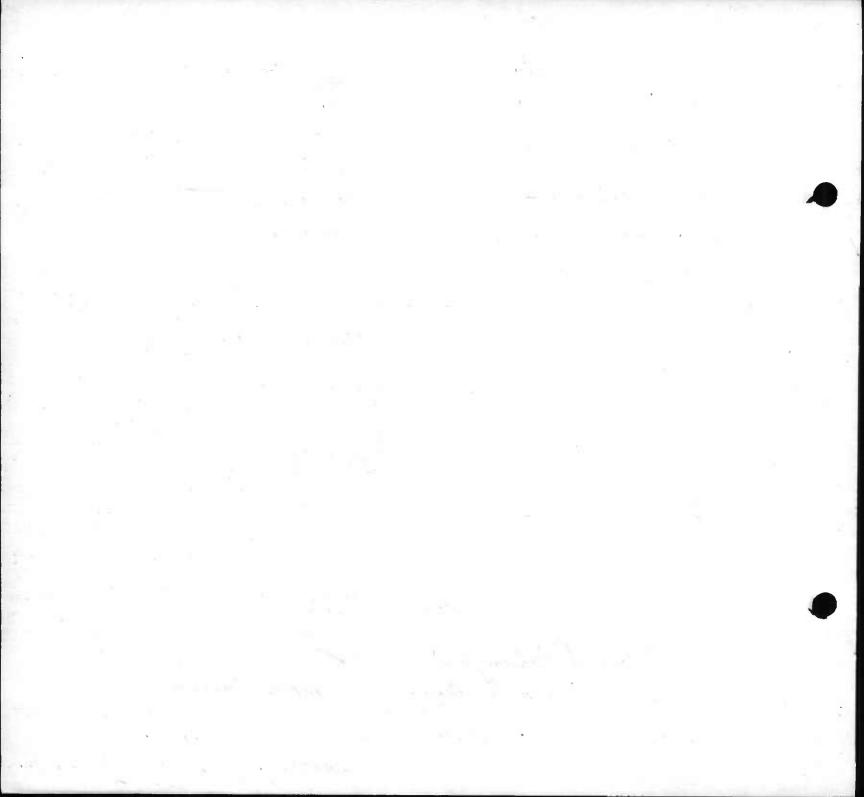
BALTIMORE CITY HEALTH DEPARTMENT 68- 5245 REG. NO. CERTIFICATE OF DEATH Deceased BIRTH NO. Such death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) по death. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE | Where deceased lived. If institution; residence before admission B. COUNTY attendance A. STATE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION OR TOWN INSIDE CITY LIMITS? canse; 0 prior contributing etermined made. regular 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. B. DATE OF BIRTH NEVER MARRIED deceased last birthday WIDOWED DIVORCED disposition is TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLA CE | Stote or foreign 12. CITIZEN OF WHAT COUNTRY? (4) Und Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct LO death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, ng/o/anknown) (If yes, give wor or dates of 6. SOCIAL ADDRESS 17. INFORMAINT or final SECURITY NO. attendance any CAUSE OF DEATH APPROXIMATE INTERVAL 1B. pronounced BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUMTO, OR AS A CONSEQUENCE OF mbal heart failure, asthenia, etc. It means the disease, regular WIDESPREIR WURACE, NOMA injury ar complication which caused death.) ANTECEDENT CAUSES 0 OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the physician UNDERLYING CONDITION lost, remains Mas П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the Body 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the ō CERTIFI IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 6 21B. PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact lacation) where OR CONTRIBUTING CAUSE OF to the hospital °Z MEDICAL etc.) DEATH (notify medical examiner) nature; 21 D. TIME [Hour) obtained 21F. HOW DID INJURY OCCUR? 9 (Month) (Day) (Year) 21 E. INJURY OCCURRED OF INJURY Not While (except While At (APPROX.) Wark At Work and any 19 6 8 to 22. I certify that (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date that (t) (we) last saw the deceased alive an ... be of eath) hospital and haur and figam the causes stated above. (1) (WE) (did) (did mat) view the body ofter death. must accident 238, DATE SIGNED 23A. SIGNATURE 0 Attending [Med. Shaff 0 Director L = Phys. Phys. 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior approv at Was An 4 GEGREE 24A. BURIAL CREMATION, CEMETERY OF CREMATORY (Stote) eceased 0.0 he body REMOVAL (Specify) written shows: 25A, DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR Mas 25B. NAME OF REGISTRAR



	BALTIMORE	CITY HEALTH	DEPARTMENT
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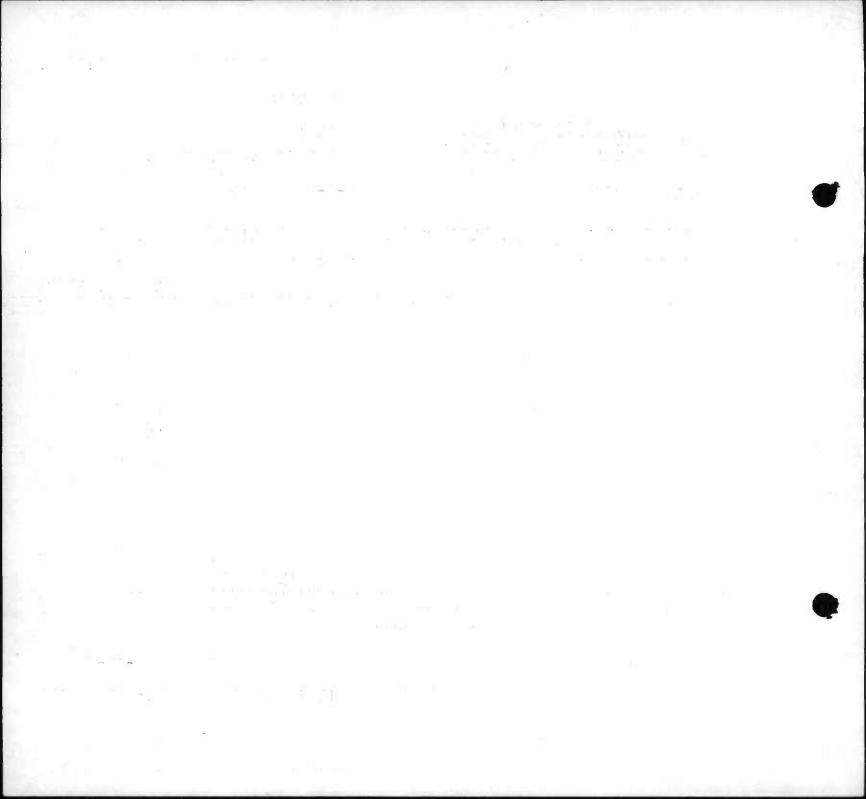
REG. NO.	68	5246
HOUR OF BEATH		

BIRTH NO. 5246 CERTIFICA	ATE OF DEATH REG. NO	88- 5246
1. NAME OF DECEASED (Type or Print) Earl B. Caltrider	2. DATE AND HOUR OF DEATH May 18, 1968 [4. USUAL RESIDENCE (Where deceased fived, If institution	10. A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A, STATE B. COUNTY A, STATE	n: residence befare admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN Baltimore D. NSIDE CITY VEX.	_ ())
1716 Holbrook Street	E. STREET AND NUMBER	
5. SEX 6. RACE 7. MADDIED NEVED MADDIED	1716 Holbrook Street	adas 1 Vs. If Hadas 24 Hrs
male white WIDOWED DIVORCED	June 6,1900 67	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 17. BIRTHPLACE (Stote or foreign country) 12. C	ITIZEN OF WHAT COUNTRY?
Ret. Gardener	Baltimore, Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Caltrider		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
no 2181038617	A Mrs Susie Caltrider	same
18. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Carcinoma GI track	9
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CA		
heort loiture, asthenio, etc. It means the disease, injury or complication which coused death.)		7
ANTECEDENT CAUSES	Metaskanes to Liver -	
(8)	AS A CONSEQUENCE OF:	
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.		
1 (9)	Δ.	~
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	A.S.C.V. Disease	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY (e.g., or CONTRIBUTING ☐ CAUSE OF ☐ home, form, foctory, street, etc.)	, in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	give exact location)
21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Whyork At Work		
22. I certify that (1) (this hospital) attended the deceased from	(2/21 1963 to 5/18/	6F 19
that (I) (we) last saw the deceased alive an S 16	1968 ond that in (my) (aur) apinion d	
and haur and from the causes stated above. (1) (We) (did) (did nat)		
	thending Med. Staff. 23B. C	VIIS/GF
23C. PHYSICIAN'S NAME (Type) SOSEPH S. BLUM	23D. ADDRESS /IIT N. CALVERT	57-
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C		n, or county) (State)
	tery Baltimore, Md.	
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Leonard 1. ARuck. Inc Ba	ltimore. Md.



H-6201	68- 52
pital and of death Deceased e on the ath. Such	T. NAME OF DECEASED (Type or Print) HARRIS.
+ - 0 I	HARRIS, S
ant if death occurred in a hospit direct or contributing cause of dd; (4) Undetermined cause; (5) De ath was in regular attendance on the deceased prior to death disposition is made.	FULL NAME OF HOSPITAL OR INSTITUTION ST. AGNES HOSPITAL OR INSTITUTION BALTIMORE, MD. 2 S. SEX 6. RACE NEGRO 10A. USUAL OCCUPATION (Give kind of work 10B, KIND of dane during most of working life, even if relired) CRANE OPERATOR 13. FATHER'S NAME GROVER HARRIS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no a) unknown) (If yes, give wor or dates of service)
FUNERAL DIRECTOR: IMP (icate must be approved by the chief medical examiner or his was released to the hospital by a medical examiner. Also, An accident of any nature; (2) Body burns; (3) A fracture of a A. at a hospital (except where the physician who pronounce prior to death); and (6) No physician was in regular attence of a proval must be obtained before the remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e., heart foilule, astherio, etc., it means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stoling the UNDERLYING CONDITION lost, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). DISEASE OR CONDITION GIVEN IN PART 1 (A). OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING CONTRIBUTION FOR CONTRIBUTION (APPROX.) 22 I. certify that (A) (this haspital) attended that (A) (we) lost saw the deceased alive or and haur and fram the causes stated above. 23 A. SIGNATURE 24 A. BURIAL CREMATION, 24 B. DATE CAUSE OF CONTRIBUTION
This certif the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI VS 150-REV. 1/1/68

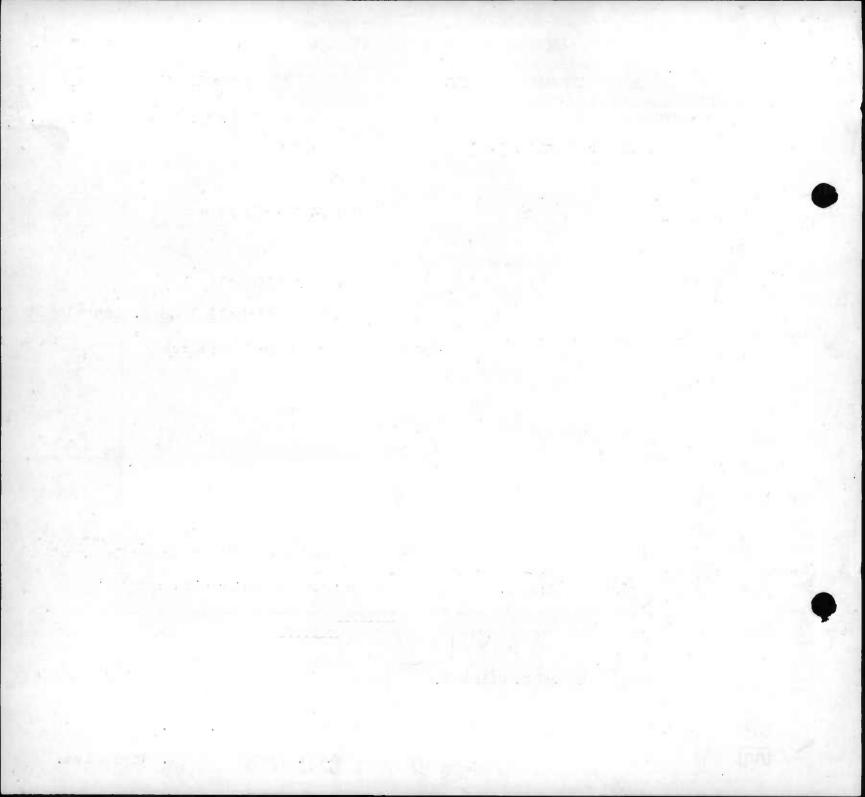
	00 5	BALTIMORE CITY	HEALTH DEPARTMEN	IT	00 5045
	68 5	CERTIFICA	TE OF DEAT	H REG. NO	68 5247
BIRTH NO.					
I NAME OF DECEA			2. DAT	E AND HOUR OF DEATH	
Type or Print)	HARRIS,	SYLVESTER L		1AY 17, 1968	7:15 P. M
3. PLACE IN BALTIA	AORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE 8. C	YTHUO	institution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARYLAND	21229	
NSTITUTION	ADDRESS OR LOCATION)	T 4.1	C. CITY OR TOWN	D. IN	SIDE CITALIMITS?
1/2	LKENS & CATON	AVEC	BALTIMOR	KE .	Y S D NO
W U			E. STREET AND NUMB		
, BA	LTIMORE, MD.	21229	157 KM	S. HILTON S) .
	NECDO	IED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
MALE	NEGRO WIDOV		5-4-30		
	ATION (Give kind of work 10B, KIN) rking life, even if retired)	O OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State of	t foreign country)	12. CITIZEN OF WHAT COUNTRY
CRANE C	PERATOR H.	KLAFF & CO.		ROLINA	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
GROVER	HARRIS		ROBERTA T	HORNTON	
S. Was Deceased Ex	er in U. S. Armed Forces? I yes, give war ar dates of servi	ce) 1 6. SOCIAL	17. INFORMANT	RΔ	LTO MODE 21229
NO	7 1 gris of coles of sciel	212260539	ST.AGNES		TONEWILKENS AVES
1B. //	1	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE	OR CONDITION DIRECTLY	D			BETWEEN ONSET AND DEATH
	ADING TO DEATH	march	chofew (saranoma	
	mean the mode of dying,		A CONSEQUENCE OF:		
	thenio, etc. It means the dise icotion which coused death.)	ose,	1 = 0	metastasi	· to
		Left	ung c	me was ref or	3 10
AN	ITECEDENT CAUSES	(B) Cen	ical la	ph hodes	
DISEASES OR	CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	M	000000000000000000000000000000000000000
	obove couse (A) sloling CONDITION lost.	The lexic	audial e	Humon.	
UNDERETHING		(0)(<i>H</i>	
Z 162 1	II ANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH	BUT NOT RELATED TO THE TERMIN				
U 19A. DATE OF O	PERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes		FINDINGS CONSIDERED
O O	WAS PERFORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
U 21 A. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE D	ID (If in Boltime	pre City, give exact location)
DEATH (notify m	NG CAUSE OF edical examiner)	home, form, factory, street, o	nice bidg., INJURY OCCU	K?	
	Month) (Day) (Year) (Haus)	21E. INJURY OCCURRED	21 F. HOW DIE	D INJURY OCCUR?	
OF INJURY		While At Not Whil	° APRIL	18, 1968	
	NA 444	Work At Work			V 4 "V (0
	at 🖔 (this haspital) attend			XXXXXX MA	
	est saw the deceased alive				Union death accurred on the date
	ram the causes stated abov	e. (I)X(We) (did) (412 XoX)X	iew the body after de	ath.	
23A. SIGNATURE	K-10 1	(2)			23B, DATE SIGNED
1:1	rolling,	DEGREE Phy	ending Med. S. Director	Staff Phys.	5-17-68
23C. PHYSICIAN'	5 0 1/1 10 -		23D. ADDRESS		
HANGE (19p)	J. KORK	SULY MI	WILKENS	& CATON AVE	SBALTO 21229
24A. BURIAL CREMA	ATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24	4D. LOCATION (C	City, town, or county) (State)
REMOVAL (Spe BURIAL	5-21-68	WESTERN STAR	CEMETERY	CATONSVILLE	MARYTAND
25A, DATE REC'D B'	HEALTH DERT JOSE NA.	AF OF PEGISTRAP	2SC. FUNERAL DIRE	CIQR	ADDRESS
40.53	20 1968 A.D.	B. E. Jallane		. /	. NORTH AVE.
THE R	CU 1300 OFFER	N / ·	CASTIS Anna C & a Ti	MITOIL SEC E	. MOILLII AVE.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

5248

BIRTH NO.	CAL LAAMIINERS	CERTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED (Type or Print) BERWARD THOMAS	S HILL	2. DATE Knawn Month May 17, 1968	Year Haur 11:45 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WH FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Month Doy May 17, 1968	Year Haur 11:45 P _M
PROVIDENT HOSPIT	AL (DOA)	5. USUAL RESIDENCE (Where deceased lived, il institution: resi A. STATE Maryland B. COUNTY	dence befare admission)
37.2.2	MARRIED NEVER MARRIED X	C. CITY OR TOWN Baltimore VES	MITS?
9. DATE OF BIRTH 10. AGE (in y lost birthday)	I d H- I 1 V- D H I - 24 H -	E. STREET AND NUMBER 1228 W. Lanvale Street	00 U
11. BIRTHPLACE (State or lareign country) Maryland	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Paul Alston	
14A.USUAL OCCUPATION (Give kind al wark 14 dane during mast of warking lile, even if retired) Laborer	B. KIND OF BUSINESS OR INDUSTR	r 13. MOTHER'S MAIDEN NAME Frances Mitchell	
16. WAS DECEASED EVER IN U.S. ARMED F (Yes, no ar unknawn) (II yes, give war ar dates of	ORCES? 17. SOCIAL SECURITY NO.	1B. INFORMANT ADDRE	
119.	CAUSE OF DEA	Frances Mitchell 1228 W.	Lanvale St
LEADING TO DEATH (This does not mean the made of dyin, heart lailure, asthenia, etc. It means the d Injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, or RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DE	GIVING (B) DUE TO, OR OR THE (C)	CAUSE AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PAR 20A. DATE OF OPERATION 20B. COND 20B. COND 20B. COND 20B. COND 20B. COND 20B. COND		AS PERFORMED 21.	AUTOPSY? (Yes ar Na) yes
F 17 68	-(Hanna) 1225 INTITION OCCUPRED	in ar about 22C. WHERE DID (If in Baltimare City, give exact loc bidg, etc.) INJURY OCCUR? Harlem and Gilmor Streets 22F. HOWDID INJURY OCCUR? WORK X Stabbed during altercatio	(211001 000 0201
ACTUAL SIGNATURE		de Hamicide W Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED May 18, 1968
24A. BURIAL CREMATION, REMOVAL (Specily) Burial 5/23/6	24C. NAME of CEMETERY Mt Auburn (county) (State)
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRI	



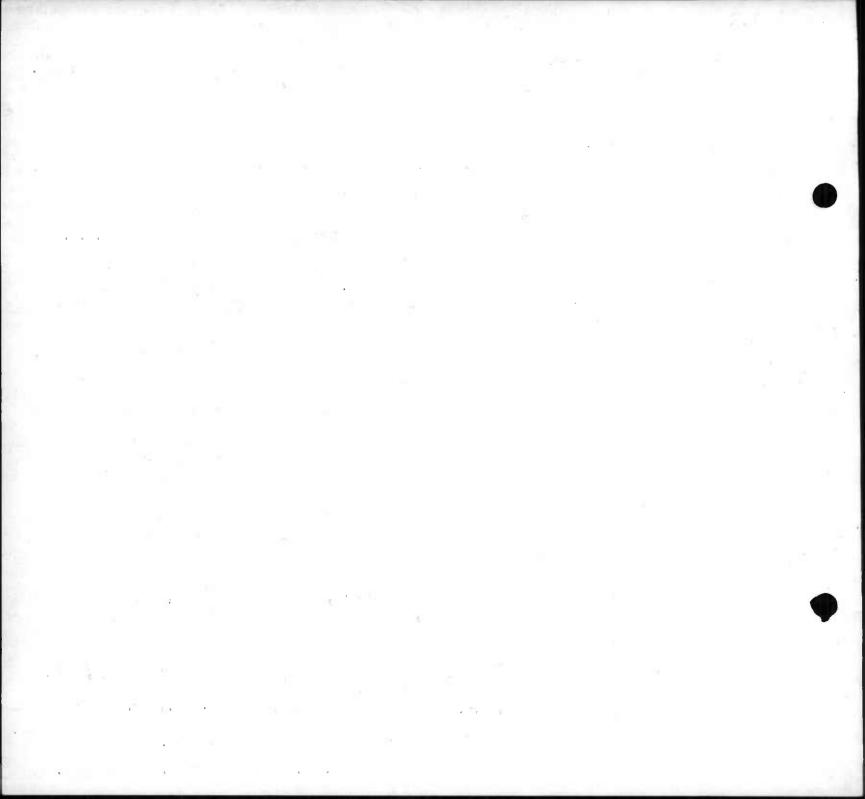
1-623		68 52	24
Ped ha	BIR	TH NO.	-1
and leath ased the Such		DE OF DECEASED	
on on	CTY	James Wright	
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOU
hosi ise (5) and dec	HC	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITU
d in a ng cau cause; attend ior to	14	3	
ting d cau r att prior	/-	South Baltimore General H	
9 - 9 - 9	5. 5	1213 Light Street Baltin	
death occurring or contribution or contributin or contribution or contribution or contribution or contribution	J. 3	MARK	-
oont oont reg regs		Negro WIDOV	
r contri determi in regulecease		e during most of working life, even if retired)	, 01
or condet sin deconition	I	aborer	
f de oct was was he positi	13.	FATHER'S NAME	
direct l; (4) U th way on the dispos		Frank Wmight	
ssistant the di kind; death nce on final di	15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of servi	ce)
or his assist Also, if the e of any kir nounced de attendance med or fina	_	Yes WWII	
er. Also, if cture of any pronounced lar attenda		18. 485 X I	
lso, of of or the near		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
Also, Also, noun attermed			e.g.,
ctu oro ar		heort foilure, osthenio, etc. It means the dise	
caminer or aminer. A A fracture vho prono regular a		ANTECEDENT CAUSES	
xami cami A fr who reg			
exa (3) A in w in r		rise to the above cause (A) stating	ving The
adical dical e orns; (rsician was ii mains		UNDERLYING CONDITION lost.	
medical medical burns; physicia an was	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG
bo bu bu bu bu	CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	
te chief m by a me 2) Body bu e the phy physician ore the re	FIC	19A. DATE OF OPERATION 19B. CONDITION F	OR V
ch th ys	RT	WAS PERFORMED	
+	EDICAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21 B. hometc.)
y d b	EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21 E.
hospite nature; ept who d (6) No	2	OF INJURY (APPROX.)	Whil
proventhe hard	F	22. I certify that M) (this haspital) attended	
p + + + + + + + + + + + + + + + + + + +		that (M (we) last saw the deceased alive	
of of of the period of the per			
ased to dent of ospital death, must b		and haur and fram the causes stated abav	e. (1)
		0: 00 %	1
Eland		23C. PHISLEIAN'S	Ja
This certificate muthe body was relesshows: (1) An accivas D.O.A. at a heceased prior to written approval		NAME (Type)	- (
W W A	243	Jiunn Chang Tzeng	М
E ACORE	244	REMOVAL (Specify)	C. NA
is certi le body lows: (1 as D.O. sceased ritten a		Burial 5/22/68 H	3al
his cer he boc hows: vas D. leceas	25 A	DATE REC'D BY HEALTH DEPT 258 NA	ME O
サモニタタラメ	1	WALL WA 1900 APPEND	H

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CEDTIEICATE OF DEATH

REG. NO.	68	5249
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BIRTH NO.			CERTIFICA	TE OF L				
(Type or Print)	F.				2. DATE A	D HOUR OF DEAT	H	
	James Wi				May	18, 1968		3:30 A. A
3. PLACE IN I	ALTIMORE, MARYLAND,	WHERE PR	ONOUNCED DEAD	A. STATE	B. COUN	re deceosed lived, If ITY	institution: reside	ence before odmission)
FULL NAME O	OF (IF NOT IN HOSE	TAL OR II	NSTITUTION, GIVE STREET	Maryl	and	~		100
HOSPITAL OR	ADDRESS OR LO	CATION)		C. CITY OR TO		P. 414	SIDE CITY LIMITS	
13				Balti	more 2	1226	YES X	-NO.
South	Baltimore Ger	neral	Hospital	E. STREET AN	D NUMBER			
			more, Maryland	3319	Sun Str	eet		
. SEX	6. RACE		RIED X NEVER MARRIED	B. DATE OF BI		9. AGE (In years lost birthday)	If Under 1	Yr. If Under 24 Hrs.
Male	Negro	WIDO	WED DIVORCED	8/7/2	7	1,6	1	
OA. USUAL O	CUPATION Give kind of w		D OF BUSINESS OR INDUSTRY	11. BIRTHPEAC	E (State or fore		12. CITIZEN	OF WHAT COUNTRY
	of working life, even if retired	1)						40.7
Labore 3. FATHER'S N				Geor	gia	A A E	U	.S.A.
O. PATHER 3	AME			14. MOTHER 3	MAIDEN NA	WE		
Fr	ank Wright			Hatti	e Rainw	ater		
5. Was Decea Yes, no or unkno	ank Wright. sed Ever in U. S. Armed wn) (If yes, give wor or d	forces? otes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMAN	T		AD	DRESS
Yes	WWII		212-18-480	Fran	r Mant o	ht Sr 331	Q Sun S	tneat
18. // 0	WHILL		CAUSE OF DEAT	H PLAN	n WILE.	ILC DI COT	AF	PROXIMATE INTERVAL
7-0	ASE OR CONDITION					neumonia	BEIM	EEN ONSET AND DEAT
2491	X II NIFICANT CONDITIONS C	ONTRIBUT	ING Chunic	pmiren	A45'S	E Acute	gracerb	ation
TO THE DE	ATH BUT NOT RELATED TO R CONDITION GIVEN IN P	ART 1 (A).	NAL	/		o) 208. IF YES, WER		
19A. DATE		ERFORMED	FOR WHICH OPERATION	Yes	21; (les or la	IN CERTIFYING C	AUSES OF DEA	TH?
OR CONTE	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner		21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. V iffice bldg., INJUI	WHERE DID RY OCCUR?	(If in Baltim	ore City, give ex-	oct locotian)
21 D. TIME	(Month) (Doy) (Yes	(Hour	21E. INJURY OCCURRED	21 F. F	OW DID IN.	URY OCCUR?		
OF INJURY			While At Not Whi	le 🖂				
			7.70.11				- 0	//
			led the deceased fram					
that (M(v	re) last saw the decea	sed alive	on May 18,	1968	and th	nat in (n) (aur) a	pinian death a	ccurred an the da
and haur	and from the causes s	tated abar	ve. (1) (We) (did) (did nat)	view the bady	after death.			
23A. SIGNA	TURE						23 B. DATE SI	GNED
	Trum - Cha.	A	Dh.	ending	Med. Director	Staff Phys.	36 3	0 70(0
23C. PHISU	ZIANS	7	OEGREE TH)	23D. ADDRESS				8, 1968
NAME	(Type)					e General H		
OAA BUBIAL C	Jiunn Chang	Tzeng	M D OEGREE	1213 Li	ght Str	eet Balto	Md. 2	1230
REMOVA	L (Specify)	Z	C. NAME OF CEMEIERT OF CR	EMAIORT	240. [OCATION (City, town, or co	ounty) (Stote)
Buria	5/22	/68	Balto Nationa	1 Cemet	anv R	alto. Ma		
25A. DATE REC	D BY HEALTH DEEL		ME OF REGISTRAR	25C. FUNE		alto., Md		ADDRESS
	BAI BA 1900	A PORTO	An in Americal	Wm. 2	C. Mag	ch 928 E	North	Ave



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

4. USUAL RESIDENCE (Where deceased lived. If institution: residence D. INSIDE GITY UMITS? If Under 1 Yr. Il Under 24 Hrs. Manths Doys Haurs 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimare City, give exoct lacation) ...and that in 🔌 (aur) apinian death accurred an the date 23B. DATE SIGNED ADDRESS

00	COLA	BALTIMORE	CITY HEA	ALTH DE	PARTM	EN.
00-	JCJI	CERTIFI	CATE	OF	DEA	TH

REG. NO.	68-	5251
KEO. 140.	112	- William

BIRTH NO. 1. NAME OF DE (Type or Print)	CEASED Hattche	r, Lucille	2. DATE A	NO HOUR OF DEATH	1 P.M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	c. CITY OR TOWN Baltimore	D. JNS	IDE CITY LIMINS
	Loudon Avenue imore, Maryla		E. STREET AND NUMBER	n Avenue	TES NO NO
S. SEX Female	6. RACE Negro	7. MARRIED NEVER MARRIED NUMBER DIVORCED	8. DATE OF BIRTH 2/16/32	9. AGE (In years lost birthday) 36	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA. USUAL OCI	CUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTRY	Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	Brice M	acer	14. MOTHER'S MAIDEN NA	ME Nickles	
IS. Was Decease (Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give war or date	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT Jasper Hattel	ner 111 Lou	Address adon Avenue
UN DERLYIN OTHER SIGN TO THE DEL	OR CONDITIONS, it he obove couse (A) IG CONDITION tost. II IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION GIVEN IN PART OF OPERATION 198. CONDITION 198	Stoling The (C)	A CONSEQUENCE OF: 20 A. AUTDPSY? (Yes or N		FINDINGS CONSIDERED
19A-DATE O	WAS PER ENT WAS UNDERLYING BUTING CAUSE OF		in or about 21 C. WHERE DID		re City, give exoct location)
DEATH (noti	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Whitwork At Work	21F. HOW DID IN		
that ① (=	at saw the decease	l) attended the deceased from Ma ed alive an May 12	19_68and t		12 19 68 inian death accurred an the dat
23A. SIGNA	AN'S (Type)	DEGREE!	Med. Director 23D. ADDRESS	Shaff Phys.	17/May 1968
24A. BURIAL CI REMOVAL Buri	A. C. Aleviz EMATION, 24B. DATE (Specify) 5/20/68	24C. NAME of CEMETERY OF CR	EMATORY 24D.		Itimore, Md. 21202 Sity, town, or county) (Stote)
25A. DATE REC	D BY HEALTH DEPT.	2SB. NAME OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS L727 N. Monroe St.

V\$ 150-REV. 1/1/6B

F 61

VS 151-REV. 1/1/68

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	- 5252
BIRTH NO.	REG. NO.	
1. NAME OF DECEASED (Type or Print) ERNEST BROWN	2. DATE Known Month Day OF DEATH Estimoted May 13, 1968	Yeor Hour 5:20 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 13, 1968	5:20 A.
00 ²⁷¹⁰ Mosher Street	S. USUAL RESIDENCE (Where deceosed lived. If institution res A. STATE Maryland B. COUNTY	idence berore odimission)
6. SEX Male Negro B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSID CV	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	3 140 🗀
12-31-1915 lost birthdoy) 52 Months Doys Hours Min.	2/10 Mosher Street	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even in etired)	Y 15. AOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDR	ECC
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	10. HATCHMAINT	1000
158-07-3656	Jagrella prown	Janes
19. 4/2,4 I CAUSE OF DEA	//	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	scleretic Cardiovascular Diseas	e
LEADING TO DEATH	CAUSE	
	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21	. AUTOPSY? (Yes or No)
0		yes
✓ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct Ic	
UNDERLYING OR CONTRIB- home, form, foctory, street, office uting Cause of Death.	ce bidg., etc.) INJURY OCCUR?	
	22F. HOW DID INJURY OCCUR?	
23.	WORK	
I certify that I held on Inquiry Inspection A	utopsy 🕅 and that on this bosis, death in my api	nion
resulted from: Notural causes X Accident Suici		
SIGNATURE S Cross UKumble	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	5-13-68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (Stote
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	255 FUNERAL DIRECTOR / ADDI	RESS
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be approved by the chief medical examiner or his assistant it death occurred in a nospital an	Ö	ant of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	0	-	
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SOI	ed	Pi	ho	Po	E
his certificate must	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	nows: (1) An accide	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	vritten approval must be obtained before the remains are embalmed or final disposition is made.
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ert	be	1:	0.0	Se	L
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	AME OF DEC		liams, Agn	es B.	2. 1	5/15/68	ТН	2:30 P.M.
3. F	LACE IN BAL		ND, WHERE PRONO		4. USUAL RESIDEN	CE (Where deceased lived. I B. COUNTY	f institution: reside	
FU I HO IN S	L NAME OF SPITAL OR TITUTION	(IF NOT IN ADDRESS OF	HOSPITAL OR INSTIT	TUTION, GIVE STREET	c. city or town Baltimore		NUIDE CITY LIMIT	700
		517 Baker	Street		E. STREET AND NU		13	NOIL
0	0	Baltimore	, Maryland		517 Bal	cer Street		
S. S		6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 62	If Under 1 Months Doy	Yr. If Under 24 H
	Female	Negro	WIDOWED	DIVORCED T			12. CITIZEN	OF WHAT COUNT
	during most of	working life, even if rewife		P BOSINESS ON INCOSTRU	Virgin			5.A.
13.	FATHER'S NA				14. MOTHER'S MAI		Fannie	
		Lee Am				WILLO	Fannie	
15. \ (Yes	Nos Deceosed , no or unknown	(Il yes, give wor	ned Forces? or dotes of service)	16. SOCIAL SECURITY NO.	Fannie W	atson 3212 Au	uchentrol	y Terrace
ERTIFICATION	DISEASES rise la lh UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR C	e abave cause G CONDITION Id FICANT CONDITION TH BUT NOT RELATE CONDITION GIVEN F OPPRATION 119	(A) stating the state of the st	(C)	None		ERE FINDINGS CO	NSIDERED
AL C	21A. ACCIDE OR CONTRIB	NT WAS UNDERLUTING CAUSE Of medical examined	YING 21 ho	B. PLACE OF INJURY (e.g., me, form, foctory, street,	in or obout 21 C. WHER office bldg., INJURY O	E DID (If In Bolt)	imore City, give ex	roct location)
MEDIC	21D. TIME OF INJURY (APPROX.)	(Month) (Doy)	w	E. INJURY OCCURRED hile At Not Whi ork At Work	ile 🗂	DID INJURY OCCUR?		
				the deceosed from	8/15	19 <u>C Z to 5</u>	1	19 🤇
	that (1) (we) lost sow the de	eceosed olive on.		19 6 5	and that in (my) (our)	opinion deoth o	occurred on the
	ond hour on	d from the cous	es stoted obove.	(1) (We) (did) (did not)	view the body ofter	deoth. Chart 3	23B, DATE S	13/68
	ZSA. SIGNAT	Imala	l. Fi	1 - 10	mending A Med. Direct	□ Stoff □	2301 0716 0	4/8/90
	PHYSICI,	ANTS Type)	Dr. Arnold	L. Field		hedral Street		
24A	REMOVAL	Specify)		reen's Cemeter	REMATORY	Blackstone,	Virginia	
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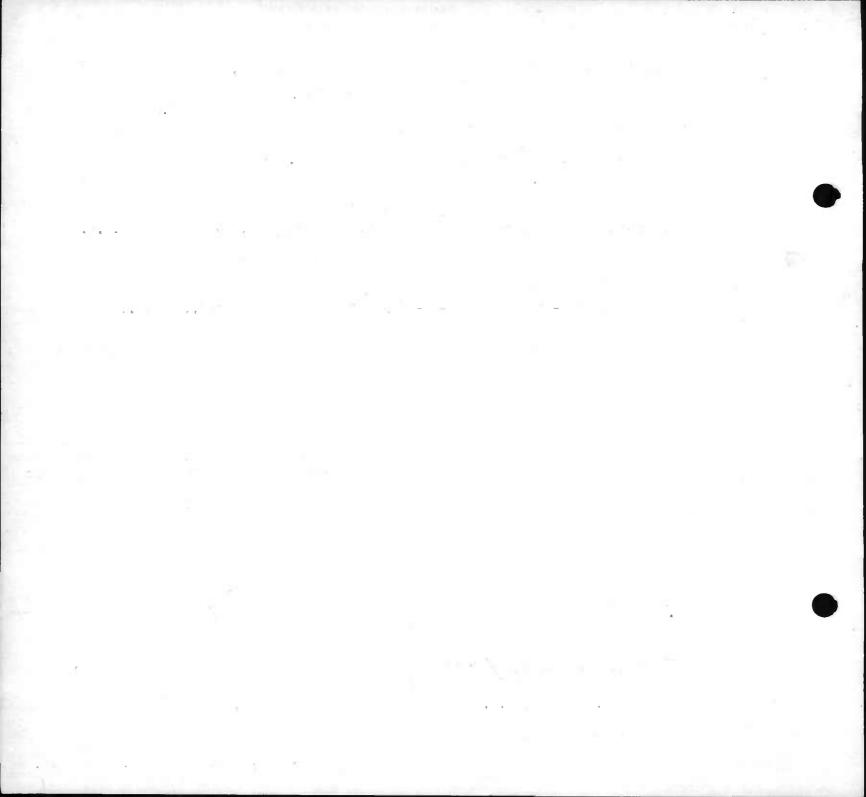
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BIRTH NO.	CEASED		CERTIFICA	12 01 0		D HOUR OF	DEATH	
(Type or Print)		THAT THAT				1 70/0		11:25 PM
3. PLACE IN B	NORRIS, SAM		JNCED DEAD	A. STATE	B. COUN	re deceased liv	ed. If institution:	residence before odmission)
FULL NAME O	F (IF NOT IN HOS	PITAL OR INSTIT	TION, GIVE STREET	Maryla				
HOSPITAL OR			iam Waamibal	C. CITY OR TO			D. NSIDE CITY	
23			ion Hospital	Baltin			YES	NO L
2	3900 Loch R			E. STREET AND				
	Baltimore,					ton Aven		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (In yellost birthdoy)	ors If Und Month:	der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
Male	Negro	WIDOWED		1/1/9		7	h	
			BUSINESS OR INDUSTRY	11. BIRTHPLACI	E (Stote or fore	ign country)	12. CI	TIZEN OF WHAT COUNTRY
	of working life, even if retire crasher	Quarry	man	Randa	llstown	. Md		U.S.A.
3. FATHER'S N	AME			14. MOTHER'S				
Lee No					Shorte			
5. Wos Deceos	ed Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMAN				ADDRESS
-	vn) (If yes, give wor or		SECURITY NO.			al Recor		
Yes	6/18/18 -	6/18/19	213-05-6751 CAUSE OF DEAT	3900 Lo	ch Rave	en Blvd.	, Balto.	Md 27 218
18. 4/1	2,3		CAUSE OF DEAT			11.		BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION LEADING TO DEA			Art		Lerotic	neart	
(This does	nat mean the made		(A) IMMEDIATE CAL	SE A CONSEQUENC	diseas	30		unknown
heart failur	e, asthenia, etc. It me	ans the disease,	DUE 10, OR AS	A CONSEQUENC	E OI :			- FARE
injuly or c	amplication which caus							
	ANTECEDENT CAU	2F2	(B)					
	OR CONDITIONS,		DUE TO, OR AS	A CONSEQUEN	CE OF:			
	the abave cause (NG CONDITION last.	A) stating the	(c)					
12	A II		/ ~/***********************************					
TO THE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED T	O THE TERMINAL				s secon	-	greater that
DISEASE OF 19A. DATE	OF OPERATION 198. C	ONDITION FOR PERFORMED	WHICH OPERATION		SY? (Yes or No	IN CERTIFY	WERE FINDING	S CONSIDERED F DEATH?
OP CONTR	DENT WAS UNDERLYIN	hom	PLACE OF INJURY (e.g., i	n or obout 21 C. V	VHERE DID	(If in	Boltimore City, g	give exact facation)
U	ify medical examinar)	etc.						
OF INJURY	(Month) (Doy) (Ye		INJURY OCCURRED		OW DID INJ	URY OCCUR?		
(APPROX.)		Wo	rk L At Work					
			he deceased from					th19-68-
							our) apinian de	eath accurred an the date
and hour	and from the causes	stated abave. (h (We) (did) (did hofi)	iew the bady	after death.			
23A SIGNA	TURE			,			23 B. D.	ATE SIGNED
1	n/	/ 1/	Athe		Med.	Staff Phys.	1	May 16, 1968
COC DUYOU	2004 10	xift	OLGREE Phy		Director L	Phys.		may 10, 1900
23C. PHYSIC NAME	(Type)			23 D. ADDRESS	900 Loc	h Raven	Bouleva	rd
GE	ORGE W. GAFFI	NEY. M.D.	DEGREE			e, Md 2		
24A. BURIAL C	REMATION, 248. DATE (Specify)	24C. N	AME of CEMETERY of CR	EMATORY	24D. L	OCATION	(City, town	, or county) (Stote)
May	20,1968 Bu	rial	Baltimore Nat:	ional		Baltim	ore, Mar	Land Control
						Tall Cill	OLG THEL	VILATIO
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNER	AL DIRECTOI	R		ADDRESS
	MAY 2 1 1968			25C. FUNER		R		ADDRESS Monroe St.



Such

	BALTIMORE	CITY	HEALTH	DEPARTMENT	
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Н	REG. NO	,00-	UKUU

BI	RTH NO. DET DESCRIPTION	TE OF DEATH	REG. NO!	
1.	NAME OF DECEASED ype grant	2. DATE ANI	HOUR OF DEATH	
	PLACE IN BAVIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE (Where	deceased lived. If institution:	M. residence before admission)
		A. STATE B. COUNT	/	
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION) STITUTION	CCITY OR TOWN	. INSIDE CITY	JIMITS?
1	33	DATTIMORE	VEST	NO 🗌
	Jalla Hanl' - Han Tar	E. STREET AND NUMBER	ock AUE.	
S.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years If Und	er 1 Yr. If Under 24 Hrs.
	Megro WIDOWED DIVORCED	8- H-1919	ost birthdoy) Months	Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	IZEN OF WHAT COUNTRY?
~	Night Wotchman	Dastin 10	my.	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	9	
	MAJOR CORPREW	PEARL	tevenson	
Y e	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRES
		Meluna (arkrew	Same
	DISEASE OR CONDITION DIRECTLY	Н	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	ISE Probable MI		2 days
		A CONSEQUENCE OF:		
	injury or complication which caused death.)	11 4.117		
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	a consequence of:	•	
	rise to the obove cause (A) stating the	SCVO		11.5
	2 (
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Le Ukmia		
AT	DISEASE OR CONDITION GIVEN IN PART 1 (A).		OOR IF YES WEST PINDING	CONCIDENT
ERTIFIC	2 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes ar Na)	208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
CER) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,)	in ar obout 21C. WHERE DID	(If in Baltimare City, gi	ve exact lacation)
CAL	DEATH (notify medical examiner) etc.)	ince blag, insoki occok:		
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
>	(APPROX.) While At Work Not While At Wark	le 🔲		
	22. I certify that (1) this haspital) attended the deceased from	2 / - /	9 67 to May 19	1968,
	tha ((1)) we) last saw the deceased alive an 4:45 45		t in (aur) apinian de	ath accurred on the date
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) v	view the bady after death.	228 DA	ATE SIGNED
	all 1 C mail	ending Med.	Shaff D	7/4
		23D. ADDRESS	Phys.	
	Allen B. Kouser MD	THH JO	HNS HOPKINS HO	SPITAL
24	DEGREE A. BURIAL CREMATION, REMOVAL (Specify) AREAOVAL (Specify)	EMATORY 24D. LC	CANON (City, town,	or county) (State)
	Buriel 5-17-68 Battimese	national 1	Sattimace	ml.
25	A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	250 FUNTRAL DINECTOR	1 01:100	ADDRESS
	THE DESCRIPTION OF REAL PROPERTY.	Millerators	1 8 HIOLIES 19	72.77 Magge

in good employed white ES 1989-4 -(4) Eustinas ms. Tight Withman Stewar Milwin Confere ALDING MI Booker 10 11 Har ASCHO. a mari con a Ly Light care is all I law me Alber B Karen BO JAH Burial 5-19.68 Cathinary National Buttimer Achiefur Hilliam 1727 Francis

BIRTH NO.	CERTIFICA	TE OF DEATH		00.	Charle	
I. NAME OF DECEASED		2. DATE A	NO HOUR OF DEATH	Ĭ		
Type or Print) BENNETT, MR.	THOMAS	5/	12/68			M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Who	are deceased lived. If i	nstitution: reside	ence before admi	ission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION CIVE STREET	MARYLAND			1	
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CIJY OR TOWN	DIN	WE CHALLAIT	3-1	
		BALTIMORE	/ -	YES X	NO	
BON SECOURS HOSP	ITAL	E. STREET AND NUMBER	1 /		1 -	
3-4		1841 W. GA	LITIMORE S.	TREET		
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Months: Do		4 Hrs.
111 1	OWED DIVORCED	10/15/18	lost birthdoy	Totonins Do	ys Hours	/11 Fb.
OA. USUAL OCCUPATION (Give kind of work 108. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN	OF WHAT COL	JNTRY?
done during most of working lite, even if retired)		MORTH PAD	NIMA	1/5/1	TED STA	PTES
LONG SHOREMAN 3. FATHER'S NAME		14. MQTHER'S MAIDEN NA	AAF	0701	100 0111	, -0
1 h		- MOTHER'S MAIDEN NA	R T	· ·		
LUKE BENDETT		Carrel F	sennell			
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	AC	DDRESS	
	212-12-425	n Lukenta	· Bond	11.	Aam	e.
18.5 3 3,9 1	CAUSE OF DEAT	Н	- Jungu		PPROXIMATE INTER	
DISEASE OR CONDITION DIRECTLY				DEIV	VEEN CHISET AND	DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Aspiration pr	umoma,	lower	day	2
(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF				
injury or complication which coused death.		bes, belat				
ANTECEDENT CAUSES	100 Puls	monary who	rd RLL	_	Acus	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:			- Cost - Secretary	
rise to the above cause (A) stating	4 3	V				
UNDERLYING CONDITION Iosi.	(C)					
5 40,0 II	TING			1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSYE (Yes or N	o) 20B. IF YES, WERE	FINDINGS CO	NSIDERED	
WAS PERFORMED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING			IN CERTIFYING CA	AUSES OF DEA	TH?	
	21 B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Baltinic	ore City, give ex	roct location)	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, o	ffice bldg., INJURY OCCUR?				
U	21E. INJURY OCCURRED	21F. HOW DID IN	III.BY OCCUP?			
OF INJURY	While At Not While		JORT OCCOR:			
(APPROX.)	Work At Work					
22. I certify that (1) (this haspital) atter	nded the deceased fram	- 0	.19ta		19	
that (1) (we) lost sow the deceased aliv	e on	19ond t	hot in (my) (our) op	inion deoth c	occurred on th	e dote
and hour and from the causes stated abo						
23A. SIGNATURE	./			23B. DATE S	IGNED /	
M. A. Darshaz.	ph.	ending Med.	Staff Phys.	51	12/68	
23C. PHYSICIAN'S	OFCKEE	23D. ADDRESS	111/3.	1	1	
NAME (Type) M. A. JA	RSHAR, M.D	R. (cours Ho	shita	1	
24A. BURIAL CREMATION, 24B. DATE	DEGREE		_0 00	City town, or co	ounty) /s	total
EMOVAL (Specify)	A LEWIS OF CR	0 , 01 4	1		C 20	17
Durial 5-16-68	Upulus	um. In	altemo	ul	114	X-
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTO	R	17	ADDRESSA/	

VS 150-REV. 1/1/68

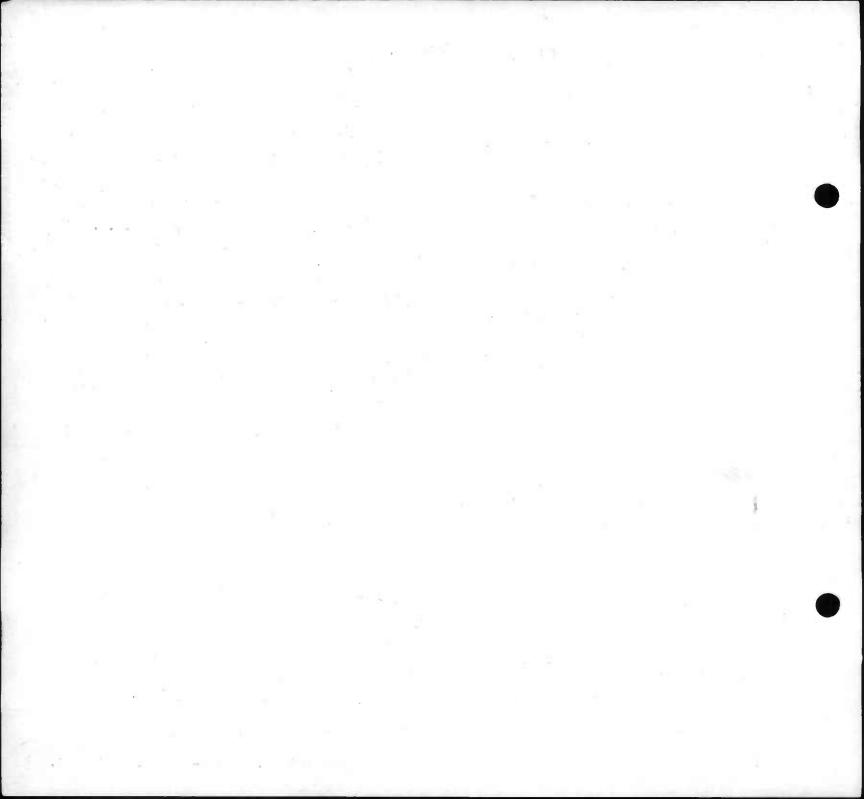
Ph. Hips Funeral Home - Moreros

Chemic LeanuTT .

Provide 5-16-18 Wehaters Man. Dr. Faltinger

the bady was released ta the haspital by a medical examiner. Also, if the direct ar cantributing cause of death shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance on the deceased priar ta death); and (6) Na physician was in regular attendance an the deceased priar ta death. Such written appraval must be abtained befare the remains are embalmed ar final dispositian is made. This certificate must be appraved by the chief medical examiner ar his assistant if death.accurred in a hospital and

Din	u No	66	52.	CERTIFICA	TE OF DE	ATH	REG. NO.	78838257
1.N	H NO. AME OF DEC e or Print)	EASED Anderson	/	(Hattie M.	_	2. DATE A	ND HOUR OF DEATH	
3. F	LACE IN BAL	TIMORE, MARYLAND, W	HERE PROND	UNCED DEAD		ENCE (Who	are deceased lived. If inst	M. itution: residence before admission)
FUI	L NAME OF	5-12-4-1	AL OR INSTIT	UTION, GIVE STREET	c. CITY OR TOWN	TIM	AND D. INSID	VES CHO NO
9	DILLA	my won	3/117	7 10 11 600	E. STREET AND	NUMBER	1. Ha. la	nd St. 21216
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	H	9. AGE (In years	If Under 1 Yr., 11 Under 24 Hrs. Months; Doys ; Hours ; Min.
E	EMALE	KEGRO	WIDOWED		8/19/	777	lost birthd	Months Doys Hours Mrn.
		UPATION (Give kind of work working lile, even il retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Seamstr		Self	Employed	Boyton,	Virgi	nia	U.S.A.
13.	ATHER'S NA	ME	1	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S M	ALDEN NA	ME	
	John	W. Hughes			Frances	Во	yd	
		Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	,	, , es, g		WA 358411	Dorothy	Atki	ns-1621 N. Pa	yson Street
	18.4/2	SE OR CONDITION DI		CAUSE OF DEAT	Н	2	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	CThis does repeated to the control of the control o	LEADING TO DEATH not mean the mode of osthenio, etc. It means nplication which caused ANTECEDENT CAUSES DR CONDITIONS, if e obove cause (A) G CONDITION lost. II PICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	dying, e.g., the discose, death.) ony, giving stoling the NTRIBUTING HE TERMINAL If I (A)	(B) OUE TO OR AS	A CONSEQUENCE	1 V/E	C HSWULLI C VOISE noscleson	MEL ZHRS MEL ZH
ERTIFIC	19A. DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION	20 A. AUTOPSY	? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
CAL CE	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21 l hor etc	B. PLACE OF INJURY (e.g., ine, form, factory, street, o.,)	n or about 21 C. WH lfice bldg., INJURY	IERE DID OCCUR?	(If in Ballimare	City, give exact location)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	wı	ille At Not While At Work	le []	W DID IN	JURY OCCUR?	
	that (j) (we)	Melle per CWA ()	ed alive an ted abave. ((I) (We) (did) (did not)	ending Mes. 23D. ADDRESS	ed. Drector D	Staff Phys. Are	ian death accurred an the date 23B, DATE SIGNED 23B, DATE SIGNED 23B, DATE SIGNED (State)
	Burial	Specily) 5/22/68	2.10111		Cemetery		nover, New Je	
		AAY 2 0 1968	P.O. B	OF REGISTRAR	1 256 FUNERAL Herbe:			W. North Ave.



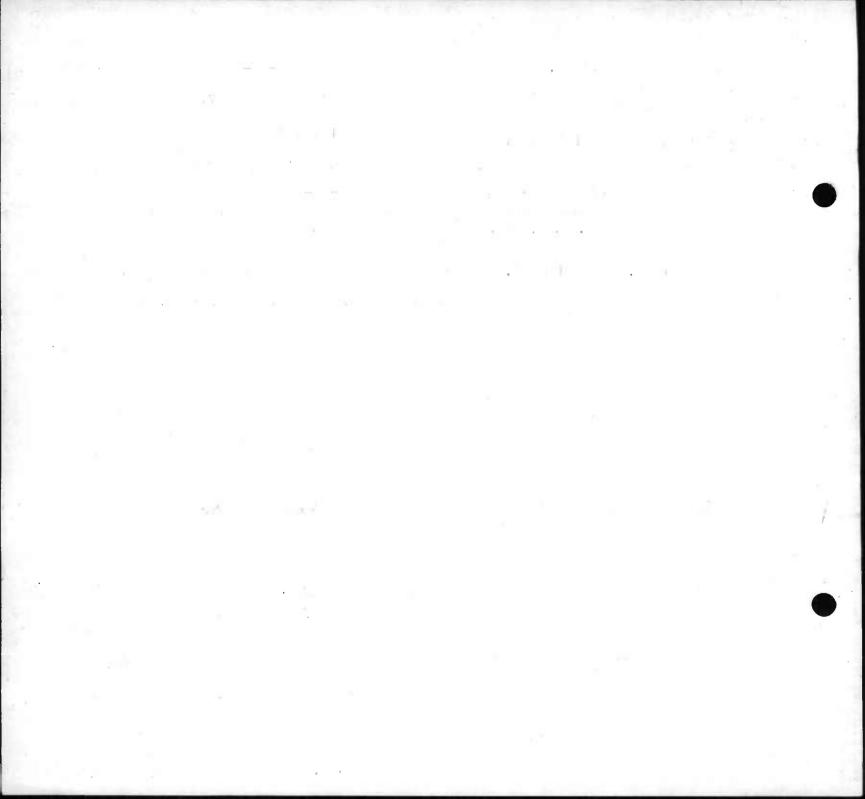
IMPORTANT DIRECTOR: FUNERAL

10

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 68- 5258 CERTIFICATE OF DEATH and Such death Deceased on th 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type at Print) hospital 5-17-68 LOUISE F. BROWN 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE MARYLAND BALTIMORE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? 10 O YES NOXX REISTERSTOWN 0 JPHNS HOPKINS HOSPIRAL E. STREET AND NUMBER contributing sed pri occurred etermined regular 9. AGE (In years If Under 24 Hrs. S. SEX If Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED deceased lost bisheloy 11-14-03 FEMALLE WHITE WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition days during most of warking life, eyen if retired) USA Secretary for (. (4) Und Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct MARGARET PETERSON LOUIS H. FREDERICK SR. death HO 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of service) ADDRESS 6. SOCIAL 17. INFORMANT final SECURITY NO Mr. Louis H. Frederick Jr. Reisterstown attendance No 216-05-2338 any CAUSE OF DEATH nounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH mos (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF mbal proi heart foilure, asthenia, etc. It means the disease, ular injury or complication which caused death,) ANTECEDENT CAUSES who 0 0 DUE TO, OR AS A CONSEQUENCE OF re 9 DISEASES OR CONDITIONS, if any, giving 0 lhe above cause (A) stating the (3) = physician UNDERLYING CONDITION lost, the remains Was 199,00 Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED COLONIC 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21°C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? U (If In Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital °N MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Hour) obtained (Month) (Day) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While ((APPROX.) At Work pup Wark to the any 22. I certify that (M) (this haspital) attended the deceased from that (H) (we) last saw the deceased alive on and that in (py) (aur) opinion deoth occurred on the date pe hospital death) and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23AS SIGNATUR 23 B. DATE SIGNED Attending Med. Staff 0 Phys. Director L Phys. approval 0 prior 23 C. PHYSTCIAN'S NAME (Type) 23D. ADDRESS to An d 24A. BURIAL CREMATION, 24D./LOCATION eceased 0.0 he body REMOVAL (Specify) Druid Ridge (emetery Pikesville, written shows: 258. NAME OF REGISTRAN Was 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTO ADORESS

Sons Reisterstown



00	FOFO	BALTIMORE CITY HEALTH DEPARTMENT
00	5259	CERTIFICATE OF DEATH

5259 REG. NO.

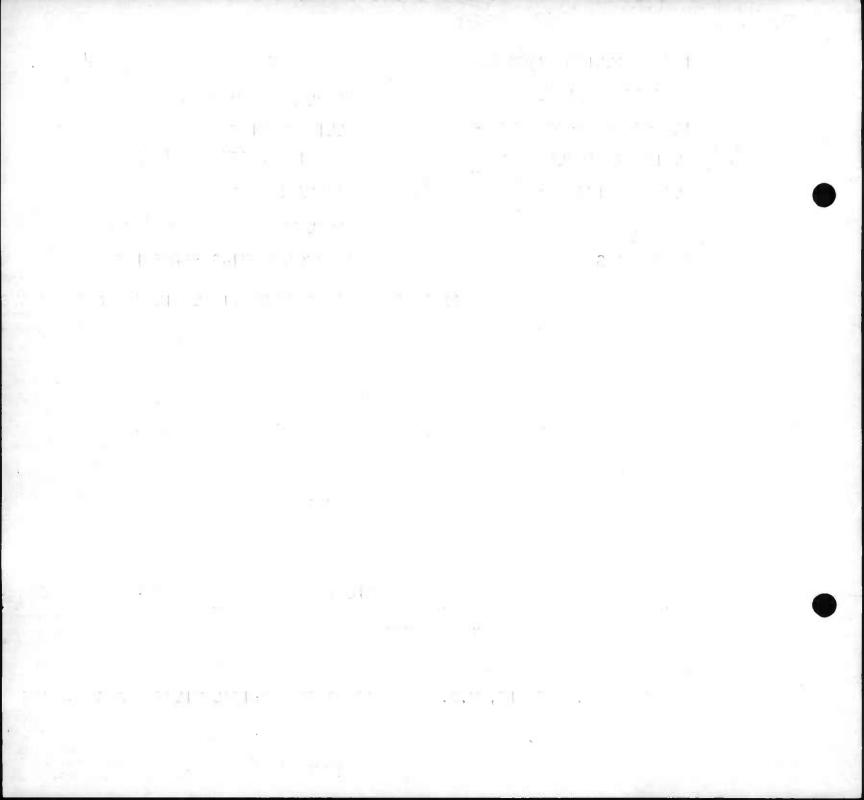
ursing Homenhurst Ave. 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED SECURITY NO. 212 32 33344 CAUSE OF DEAT	A. STATE M. C. CITY OR TO B. E. STREET AN 2 8. DATE OF BII Aug. 10 11. SIRTHPLAC German 14. MOTHER'S 17. INFORMAN Mrs. A1:	May 1 IDENCE (Who B, COUID B, COUID B, COUID B, COUID B, COUID B B	9. AGE (In year lost birthday) eign country) ME unknown	D. INSID	If Under Months: De City Lim YES A 12. CITIZE	NO [
7. MARRIED WIDOWED of work 108. KIND OF etired) Chur Chur ON DIRECTLY EATH ide of dying, e.g., means the disease, caused death.)	NEVER MARRIED DIVORCED DIVORCED SECURITY NO. 212 32 33344 CAUSE OF DEAT	A. STATE M. C. CITY OR TO B. E. STREET AN 2 8. DATE OF BII Aug. 10 11. SIRTHPLAC German 14. MOTHER'S 17. INFORMAN Mrs. A1:	B. COUI WN altimor D NUMBER 825 Wal RTH , 1875 E (Stoto or form MAIDEN NA	dorf Ave	D. INSID	If Under Months: De City Lim YES A 12. CITIZE	NO DATES
of work 108. KIND OF etired) Chur	DIVORCED TO BUSINESS OR INDUSTRY The social security no. 212 32 33344 CAUSE OF DEAT (A) IMMEDIATE CAL DUE TO, OR AS	Aug. 10 11. 8IRTHPLACE German 14. MOTHER'S 17. INFORMAN Mrs. Al:	, 1875 E (Stoto or fore MAIDEN NA T ice M.	iegn country) ME unknown	92	12. CITIZE	Doys Hours Min. N OF WHAT COUNTR J.S.A. ADDRESS ADDRESS APPROXIMATE INTERVAL
of work 108. KIND OF Chur Chu	1 6. SOCIAL SECURITY NO. 212 32 33341 CAUSE OF DEAT	11. 8IRTHPLAC Germa 14. MOTHER'S 17. INFORMAN Mrs. Al:	E (Stoto or formy MAIDEN NA T ice M.	unknown	1506 1	Mt. Pl	J.S.A. ADDRESS esant Ave. APPROXIMATE INTERVAL
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ON DIRECTLY EATH Ide of dying, e.g., means the disease, aused death.)	CAUSE OF DEAT	Mrs. Al	ice M.	Healy, 3	506 1	Mt. Pl	esant Ave.
EATH Ide of dying, e.g., means the disease, caused death.)	(A) IMMEDIATE CAL	riosclero	4. 1				
	(8)(C)WHICH OPERATION				WERE FI	INDINGS C	CONSIDERED
	PLACE OF INJURY (e.g.,	n or obout 21 C. V	WHERE DID				
(Yeor) (Hour) 21 E. Wh. Wo	ne, form, foctory, stroet, o INJURY OCCURRED ile At Not Whit rk At Work	21F. F	RY OCCUR?			n	1768
B. Hurwit	DEGREE AMPHY AME OF CEMETERY OF CR	riew the bady ending 2 23D. ADDRESS 7501 Is	iberty	Shaff Phys. Road, Ba	alto.	238. DATE	SIGNED 4 18 18 18 18 18 18 18 18 18 18 18 18 18
	TIND THE TERMINAL IN PART I (A). 3. CONDITION FOR AS PERFORMED TING 218 hon otc. (Year) (Hour) 21E Who was stated above. (B. Hurwit ATE 24C. N 20/68 P8	DIO TO THE TERMINAL IN PART (A). 3. CONDITION FOR WHICH OPERATION AS PERFORMED TING (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work Deceased alive an May Here Deceased alive an May Here DECEASE B. Hurwitz, M.D. DEGREE 24C. NAME of CEMETERY or CR	DIO TO THE TERMINAL IN PART (A). 3. CONDITION FOR WHICH OPERATION AS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. V home, form, foctory, stroet, office bidg., INJUR otc.) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work Work At Work Perpited) attended the deceased fram Presented above. (I) (We) (dtd.) (did not) view the bady B. Hurwitz, M.D. 220/68 Parkwood Cemetery 20/68	DIO TO THE TERMINAL IN PART [A]. 3. CONDITION FOR WHICH OPERATION AS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroet, office bidg., INJURY OCCUR? (Year) (Hour) 21E. INJURY OCCURED While At Work Not While At Work At Work Perpited) attended the deceased fram Property of Career (I) (We) (dtd) (did nat) view the bady after death. B. Hurwitz, M.D. DEGREE 24C. NAME of CEMETERY or CREMATORY Parkwood Cemetery 20 A. AUTOPSY? (Yes or N NO DECREE) AND WHERE DID INJURY OCCUR? 21F. HOW DID IN While At Work Attending Med. Director Decrees 7501 Liberty Attending Phys. 220/68 Parkwood Cemetery Parkwood Cemetery Ba	DIO TO THE TERMINAL IN PART (A). 3. CONDITION FOR WHICH OPERATION 3. CONDITION FOR WHICH OPERATION AS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroet, office bldg., INJURY OCCUR? (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Work Work 1 Not While 19 At Work Propited) attended the deceased fram 19 for and that in (my) (e.g., stated abave. (I) (We) (did nat) view the bady after death. B. Hurwitz, M.D. DEGREE Phys. 23D. ADDRESS 7501 Liberty Road, Barte 20/68 Parkwood Cemetery Parkwood Cemetery Baltimore,	DIO TO THE TERMINAL IN PART (A). 3. CONDITION FOR WHICH OPERATION AS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F IN CERTIFYING CAU FING AS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, stroet, office bldg., INJURY OCCUR? (Yeor) (Hour) 21E. INJURY OCCURED While At Nort While At Work At Work At Work At Work At Work Attending DITO THE TERMINAL IN PART (A). AS PERFORMED 20A. AUTOPSY? (Yes or No) AS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID 161 Mome, form, foctory, stroet, office bidg., INJURY OCCUR? (Yeor) (Hour) 21E. INJURY OCCURRED While At Nort While At Work At Work At Work 21F. HOW DID INJURY OCCUR? While At Work At Work At Work DEGREE 23B. DATE 23D. ADDRESS 7501 Liberty Road, Balto. Count ATE 24C. NAME of CEMETERY or CREMATORY Parkwood Cemetery PARKWOOD 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS OF IN CERTIFYING CAUSES OF DI IN CERTIFYING CAUSES OF DI (If in Boltimoro City, give IN CERTIFYING CAUSES (If in Boltimoro City, give (If in Boltimoro City, give IN CERTIFYING CAUSES (If in Boltimoro City, give	

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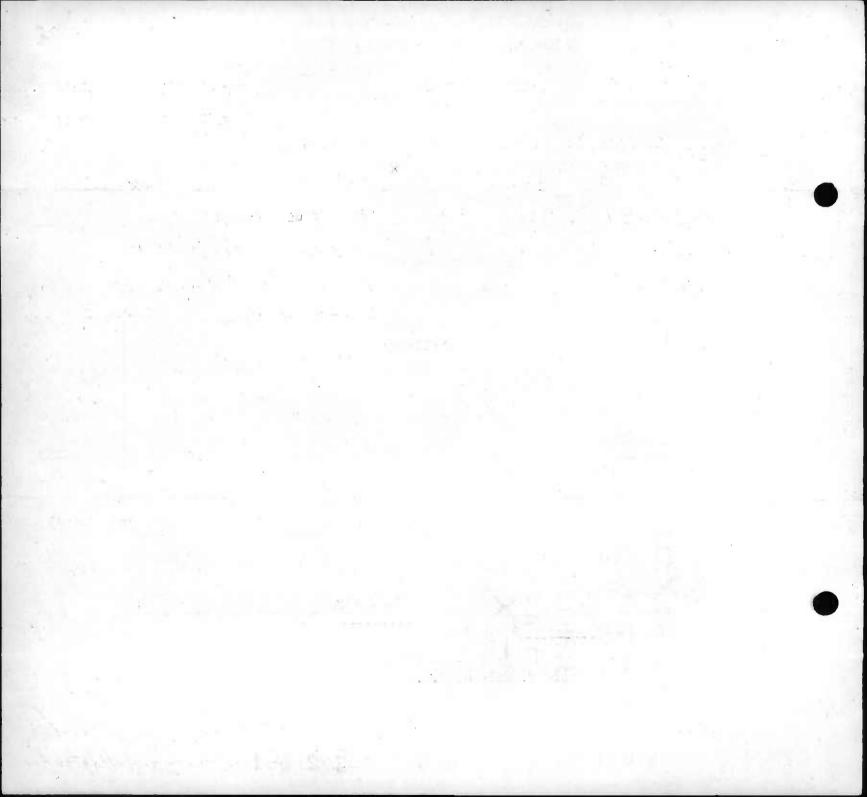


M-460

68- 5261 BALTIMORE CITY HEALTH DEPARTMENT

68- 5261

NIDELL PIO	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	Ile DAY
I. NAME OF DECEASED (Clype or Print) MARY LOUISE MILLER	2. DATE Known Month Doy Yeor Hour
	DEATH Estimoted May 17, 1968 12:25 Pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	May 17, 1968 12:25 P _{M.} 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
2641 Aisquith Street	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY IMITS?
Female Negro WIDOWED DIVORCED	Baltimore YEAR NO D
	E. STREET AND NUMBER
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Nonths Doys Hours Min.	2641 Aisquith Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	House Miller
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	MOVACE ////
done during most of working life, even ifretired)	11/ / V
NONE	Florence Vachson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
	Sarah Hardy same
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Epileps	
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A) IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISCOURS OF COMPINIONS IS NOW AND ADDRESS OF THE PARTY OF	AS A CONSCOURNER OF
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY)	JAS PERFORMED 21. AUTOPSY? (Yes or No) yes (head) , in or obout 22C. WHERE DID (if in Boltimore City, give exact location) ce bldg., etc.) 22F. HOW DID INJURY OCCUR?
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH CONDITION OF CONTRIBUTING CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOTICE CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 23. I certify that I held on Inquiry Inspection AT THE CONTRIBUTION OF INJURY (APPROX.) ACTUAL SIGNATURE EXAMINER'S Edward F. Wilson, M.D. ACTUAL SIGNATURE EXAMINER'S Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify).	AS PERFORMED 21. AUTOPSY? (Yes or No) yes (head) , in or obout 22C. WHERE DID (if in Boltimore City, give exoct locotion) to blidg., etc.) INJURY OCCUR? T WHILE WORK 22F. HOW DID INJURY OCCUR? To which the basis, deoth in my opinion de Homicide Undetermined monner CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER May 18, 1968
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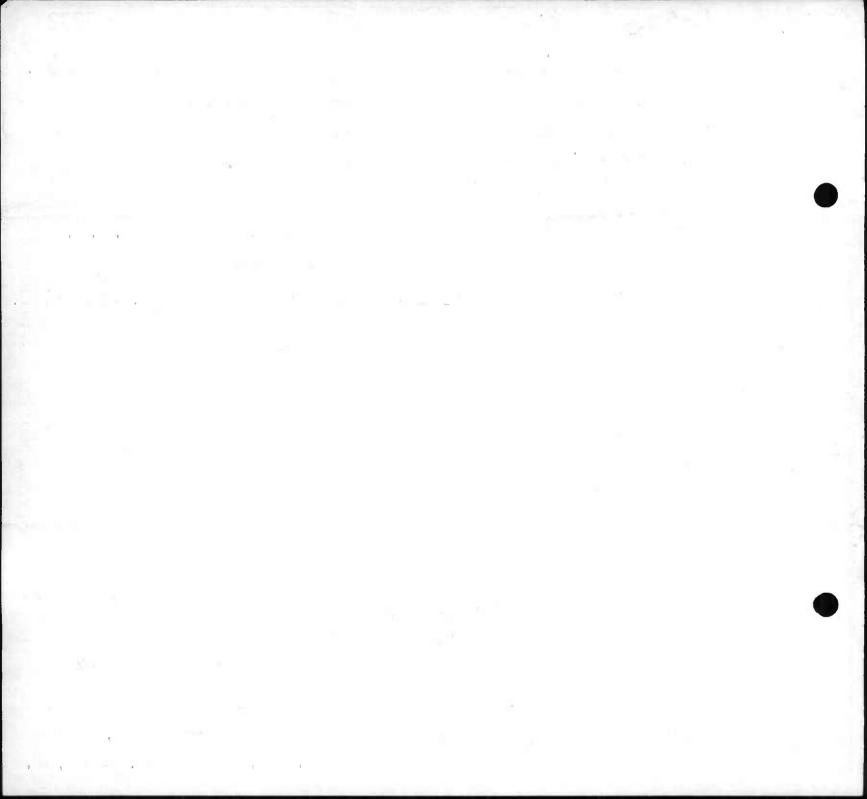
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death

	ME OF DEC	EASED	F.		62 CERTIFIC		2. DATE	AND HOUR OF DE	ATH	
		Marjo	orie L	yons				5/19/68		7:55
3. PL	ACE IN BALT	IMORE, MAR	YLAND, WI	HERE PRONO	UNCED DEAD	A. STATE	B. CO		. If institution:	residence before admi
NST	NAME OF				TUTION, GIVE STREET	Mar;	yland RIOWN Du	Baltimore ndalk D.	INSIDE CITY	
		e City F tern Ave		als			AND NUMBER		YES] NO [A]
Ba	Itimore	e, Mary	land i	# 21224		193	3 Wareha	m Rd. #	21222	005
SE	-	6. RACE		7. MARRIED	NEVER MARRIED DIVORCED	- 1- 1		9. AGE (In years lost birthdoy)	If Und Months	er 1 Yr. If Under 24 Doys Hours N
	nale	White	kind of work		F BUSINESS OR INDU				12, CIT	ZEN OF WHAT COU
one i	during most of v lousewi	vorking life, eve fe				Mas	sachuset	ts	τ	J. S. A.
3. F	ATHER'S NAM						ER'S MAIDEN N			
	Freder:	ick McKe	эе			Do	rothy Re	eves		
		Ever in U. S.			16. SOCIAL SECURITY NO.	17. INFORA				ADDRESS # 212
-	lo	, 557 gr. 6		311194/	557-28-470	BCH:	Records	4940 Easter	rn Ave.	Baltimore,
1	B. // ¬/	0 1			CAUSE OF D					APPROXIMATE INTER
	DISEAS	E OR COND	ITION DIR	ECTLY		01				BETWEEN ONSET AND
		LEADING TO				(1	VA			
1	This days a									
1.5	inis does n	ol mean the	mode of	dying, e.g.	(A) IMMEDIATE	R AS A CONSEQU	ENCE OF:			
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- 11	heart foilure, injury or com	asthenia, etc. plicotion whi	. It meons ch coused	the diseose	DUETO		ENCE OF:			
	heart foilure, injury or com	asthenia, etc. plicotion which ANTECEDENT	th meons ch coused	the diseose deoth.)	(B)	R AS A CONSEQU				
	heart foilure, injury or com DISEASES Crise to the	asthenia, etc. plicotion which ANTECEDENT OR CONDITION above co	CAUSES ONS, if course (A)	the disease death.) ony, giving	(B)					
	heart foilure, injury or com DISEASES Crise to the	asthenia, etc. plicotion which ANTECEDENT OR CONDITION	CAUSES ONS, if course (A)	the disease death.) ony, giving	(B)	R AS A CONSEQU				
7	DISEASES Coise to the UNDERLYING	asthenia, etc. phicotion which ANTECEDENT DR CONDITION Dr above co	. It meons ch coused CAUSES ONS, if cause (A) N last.	the disease death.) ony, giving stating the	(B)	R AS A CONSEQU				
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ATION	DISEASES OF THE RESIDENCE OF THE DEAT TO SEASE OF THE DEAT TO SEASE OF CO.	asthenia, etc. plicotion whith ANTECEDENT OR CONDITION CONDITION ICANT CONDITION ICANT CONDITION ON THE BUT NOT RE ONDITION GIV	It means ch coused CAUSES ONS, if cause (A) N last.	the disease death.) ony, giving stating the harmonic of the h	(B)(C)	R AS A CONSEQU	UENCE OF:	Na) 20R IE YES M	VESE EINDING	CONSIDERED
CAHON	DISEASES OF THE RESIDENCE OF THE DEAT TO SEASE OF THE DEAT TO SEASE OF CO.	asthenia, etc. plicotion whith ANTECEDENT OR CONDITION CONDITION ICANT CONDITION ICANT CONDITION ON THE BUT NOT RE ONDITION GIV	It means ch coused CAUSES ONS, if cause (A) N last.	the disease death.) ony, giving stating the harmonic stating the harmon	(B)	R AS A CONSEQU	UENCE OF:	No) 20B, IF YES, W	VERE FINDING CAUSES OF	S CONSIDERED DEATH?
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CERTIFICATION	DISEASES Crise to the UNDERLYING THE DEAT OF PA. DATE OF DEAT OF CONTRIBLE	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CONDITION OF ANTECEDENT OF ANTECEDENT OF ANTECEDENT OPERATION OPERATION OF ANTECEDENT OF ANT	It meons ch coused CAUSES ONS, if couse (A) N last. TIONS COT LATED TO THE CAN PART 198. CONI WAS PERF	the disease death.) ony, giving stating the stating t	(B)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF: JTOPSY? (Yes or NO	IN CERTIFYING	CAUSES OF	S CONSIDERED DEATH?
CAL CERTIFICATION	DISEASES Crise to the UNDERLYING THE PEARLY OF THE PEARLY	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CONDITION OF ANTECEDENT OF ANTECEDENT OF ANTECEDENT OPERATION	TIONS CONTAINED TO PERFORM TO PER	the diseose deoth.) ony, giving stating the NTRIBUTING HE TERMINAL TO A CORMED 21 hotelete	(B)	R AS A CONSEQUENCE AS A	UENCE OF: UTOPSY? (Yes or NO I.C. WHERE DID NJURY OCCUR!	IN CERTIFYING	CAUSES OF	DEATH?
DICAL CERTIFICATION	DISEASES Crise to the UNDERLYING THE DEAT OF PA. DATE OF DEAT OF CONTRIBLE	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CONDITION OF ANTECEDENT OF ANTECEDENT OF ANTECEDENT OPERATION OPERATION OF ANTECEDENT OF ANT	TIONS CONTAINED TO PERFORM TO PER	the discose deoth.) ony, giving stating the stating t	(B)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF: UTOPSY? (Yes or NO I.C. WHERE DID NJURY OCCUR!	IN CERTIFYING	CAUSES OF	DEATH?
AEDICAL CERTIFICATION	DISEASES Coise to the UNDERLYING TO THE DEAT OF THE DEAT OF THE DEAT OF THE DEATH (notify 21 D. TIME	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CONDITION OF ANTECEDENT OF ANTECEDENT OF ANTECEDENT OPERATION	TIONS CONTAINED TO PERFORM TO PER	the discose deoth.) Dry, giving stating the stating t	(B)	R AS A CONSEQUENCE AS A	UENCE OF: UTOPSY? (Yes or NO I.C. WHERE DID NJURY OCCUR!	IN CERTIFYING	CAUSES OF	DEATH?
MEDICAL CERTIFICATION	DISEASES Coise to the UNDERLYING 3 / X THER SIGNIF TO THE DEAT TO	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CO OF CONDITION OF ANTECEDENT OF CONDITION OF	It meons ch coused CAUSES ONS, if couse (A) N last. TIONS COT LATED TO THE PROPERTY OF THE PR	the disease death.) Dry, giving stating the stating t	(B)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF: UTOPSY? (Yes or NO IC. WHERE DID NJURY OCCUR!	IN CERTIFYING	G CAUSES OF	DEATH?
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING 3 / X THER SIGNIF O THE DEAT OF PALA A CCIDET OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY APPROX.) 12. I certify	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ANTECEDENT OR CONDITION OF ANTECEDENT OR CONDITION OF ANTECEDENT OF ANTECEDENT OPERATION OPERATION (Month) (Do that (1) (this	TIONS CONTAINED TO THE PROPERTY OF THE PROPERT	the disease death.) ony, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR ORMED (Hour) 211 WWW.	(B)	R AS A CONSEQUENCE AS A	UENCE OF: UTOPSY? (Yes or NO IC, WHERE DID NJURY OCCUR:	IN CERTIFYING	CAUSES OF	ve exect location)
MEDICAL CERTIFICATION	DISEASES COISE to the UNDERLYING DISEASES OF THE SIGNIFIC OF THE DEATH OF THE DEATH (notify PAPPROX.) 12. 1 certify the (1) (we)	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CO OF CONDITION ICANT CONDITION OPERATION OPERATION AT WAS UND OPERATION (Month) (Do that (1) (this lost saw the	TIONS CONLATED TO THE ERLYING SE OF iner) To be a decease	ony, giving stating the MIRIBUTING HE TERMINAL I (A). OTHER HE TERMINAL I (A).	(B)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF: UTOPSY? (Yes or NO I.C. WHERE DID UJURY OCCUR!	IN CERTIFYING (If in Bo) INJURY OCCUR? 19 6 7 to	CAUSES OF	DEATH?
MEDICAL CERTIFICATION	DISEASES Coise to the UNDERLYING DISEASES Coise to the UNDERLYING DITHER SIGNIFIC TO THE DEAT OF DISEASE OR COPA. DATE OF DEATH (notify 20 D. TIME DE INJURY (APPROX.) 22. I certify that (1) (we) and hour one	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CO OF CONDITION HEADT CONDITION OPERATION OPERATION OPERATION OF CAU medicol exom (Month) (Do thot (1) (this	TIONS CONLATED TO THE ERLYING SE OF iner) To be a decease	ony, giving stating the MIRIBUTING HE TERMINAL I (A). OTHER HE TERMINAL I (A).	(B)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	UENCE OF: UTOPSY? (Yes or NO I.C. WHERE DID UJURY OCCUR!	IN CERTIFYING (If in Bo) INJURY OCCUR? 19 6 7 to	Itimore City, gi	ve exect location) 4 19 ath occurred on the
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MEDICAL CERTIFICATION	DISEASES Coise to the UNDERLYING JUNDERLYING JUNDERLYIN	asthenia, etc. plicotion white ANTECEDENT OR CONDITION OF ABOVE CO OF CONDITION ILICANT CONDITION OPERATION OPERATION ANT WAS UND OPERATION OPERATION That (1) (this lost sow that the color of the c	It meons ch coused CAUSES ONS, if cause (A) N last. TIONS CON LATED TO THE CON IN PART TYPE CON IN WAS PERF SEE OF iner) Shospital Shospital OSSMAN	the disease death.) ony, giving stating the stating t	(B)	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	DIOPSY? (Yes or NO IC. WHERE DID IF. HOW DID and ody ofter dear Med. Director Ess	IN CERTIFYING (If in Bo INJURY OCCUR? I that In(my) (our th. Staff Delivery Phys. Delivery Y Hospitals Ave. Baltinous Location Delivery Locatio	opinion de 23B. DA (City, town,	the exect location) 79 19 6 ath occurred on the signed \$ 212 222 222 222 223 224 224 224

25A. DATE REC'D BY HEALTH DEPT.
MAY 2 1 196

VS 150-REV. 1/1/6B



REG. NO. CERTIFICATE OF DEATH death Such I. NAME OF DECEASED 2. DATE AND HOUR (Type or Print) uo hospital death. of 4. USUAL RESIDENCE B. COUNTY deceosed lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND FULL NAME OF HOSPITAL OR C. CITY OR TOWN 40 BALTIMORE CITY HOSPITALS BAL TIMORE YES X prior 4940 EASTERN AVENUE E. STREET AND NUMBER contributing BALTIMORE, MARYLAND #2122/ AVE #212 Undetermined 1940 EASTERN made regular 5. SEX 8. DATE OD BROH ST If Under 1 Yr. MARRIED X NEVER MARRIED deceased Months Doys WIDOWED .s OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) isposition Retired. MARYLAND Night Watchman SID 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME (4) ALFRED FORWOOD JULIA PIERCE UO eath 0 17. INFORMANT BALTIMORE CITY HOSPITALS 15. Was Deceased Ever in U. S. Armed Forces' 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) REC ORDS: attendance NO 4940 EASTERN AVE., BALTO., MD. D any CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the mode of dying, e.g., DUE TO. OR AS A CONSEQUENCE bal ar heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) em 5 ANTECEDENT CAUSES × ho 5 DUE TO, OR AS A CONSECUENCE OF are 4 DISEASES OR CONDITIONS, if ony, giving the obave cause (A) stoting the physician the remains UNDERLYING CONDITION lost. Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) the 8 WAS PERFORMED before 3 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) where °Z hospital DEATH (notify medical examined) nature; MEDIC obtained 21F. HOW DID INJURY OCCUR? 9 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY Not While except While At [(APPROX.) and Work At Work to the any 22. I certify that (1) (this hospital) ottended the deceased from to. 19 6 and that in (my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on... be hospital death) and hour and from the causes stated above. (1) (We) (aid) (did not) view the body ofter death. was released must 234 SONATURE 23B. DATE SIGNED Attending 0 Director approval O 23C. PHYSICIAN'S prior at NAME (Type) An JAFFE M.D 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION ceased he body O REMOVAL (Specify) 5/21/68 shows: Burial Rock Spring Cemetery 80 25C FUNERAL DIRECTOR 2SA. DATE REC'D BY HEALTH DEPT

23D. ADDRESS BALTIMORE CITY HOSPITALS 4940 EASTERN AVE., BALTO., MD. (Stote) Forest Hill, Md. John J. Duda, Dundalk, Maryland 21222 VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

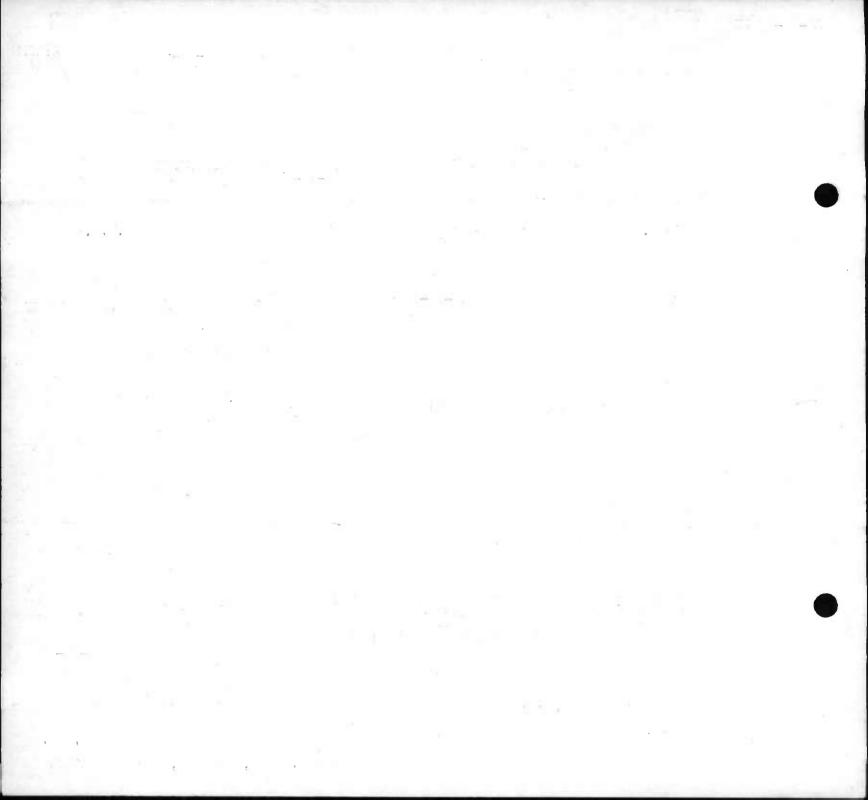
1 4:20PM

NO [

Hours

BETWEEN ONSET AND DEATH

U.S.A.

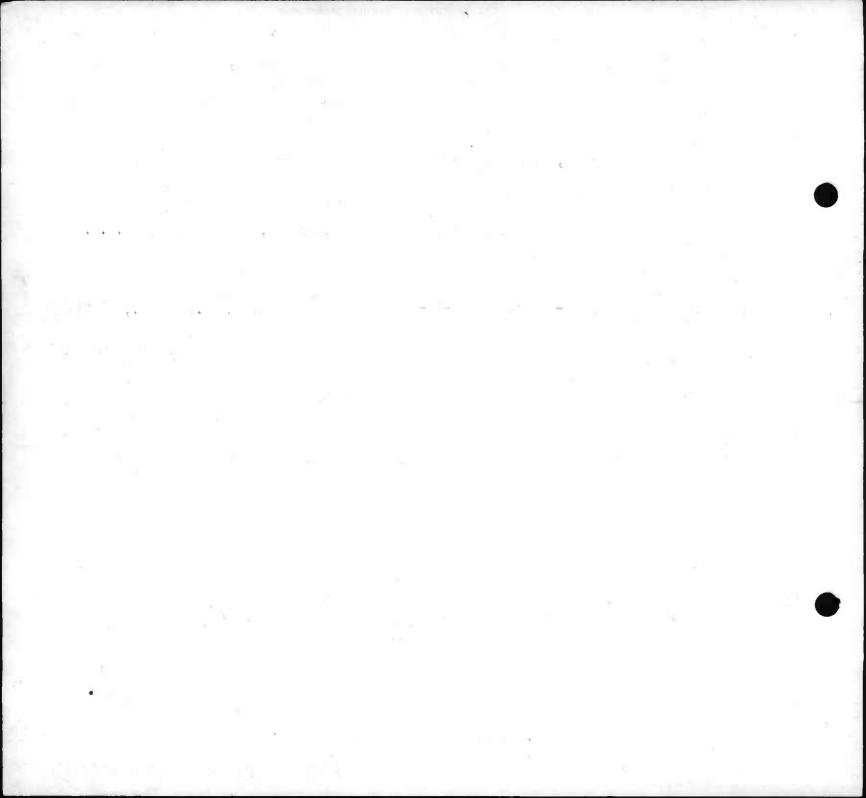


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

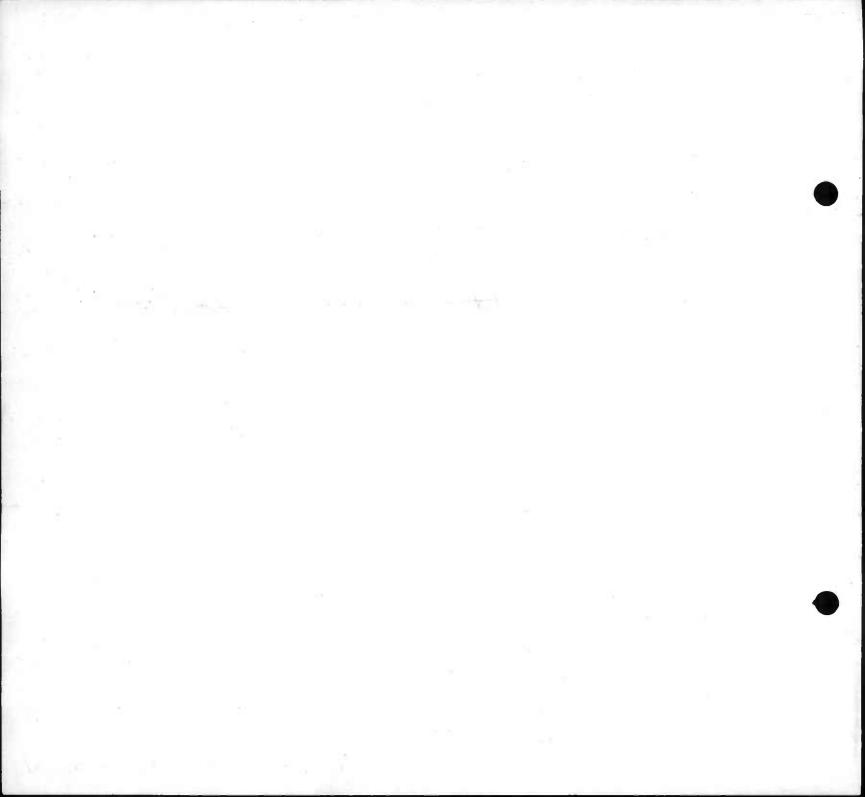
o hospital and

(Type or	OF DECEASED					2. DATE AN	D HOUR OF DEAT	Н	
Type or Pont DODSON, CHARLES NMI				May 16, 1968 2:00 A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmis: A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				Mafvl	and Pr	ince George	es (66-	
HOSPITA	HOSPITAL OR ADDRESS OR LOCATION)				C. CITY OR TO			ISIDE CITY LIMITS?	
Veterans Administration Hospital 3900 Loch Raven Boulevard Baltimore, Maryland 21218				ville		YES	NO 🗌		
			8203 Muirkirk Road						
5. SEX									
5. SEX 6. RACE 7. MARRIED NEVER MARRIED X WIDOWED DIVORCED		lost birthdoy) Months Doys Hours				Hours			
				F BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	E (Stote or forei	gn country)	12. CITIZEN O	F WHAT CO
done durir	ng most of working lif	e, even if retired)	Tanda	aanbaa	Pol+m		Ma	U.S.	
13. FATH	Gardner ER'S NAME		Lauros	caping		Beltswille, Md U.S) • A •
15. Wos 1	Edward Dod	J. S. Armed Fo	rces?	1 6. SOCIAL	17- INFORMAN	Willia		ADD	RESS
(Yes, no o	runknown) (II yes,	give wor or dote	es of service)	SECURITY NO.		ital Re	cords	200	
Yes	6/1	9/18 - 7	7/8/19	213-18-0630	3900 Ic	ch Rave	n Blvd., B	alto., Md	21218
18.	4/0,0	71		CAUSE OF DEA	TH			BETWEE	NONSET AND
	DISEASE OR C	ONDITION DI G TO DEATH			212				
/Thi							te broncho	pneumpnla	71
heor	(This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, ostherio, etc. It meens the disease,								
injur	injury or complication which caused death.)								
	ANTECEDENT CAUSES (B) Post.myocardial infarction (B) DUE TO, OR AS A CONSEQUENCE OF:								
	EASES OR CON			DUE TO, OR A	S A CONSEQUEN	CE OF:			,
	Ia The obove DERLYING COND		siding ine	(c)					
4	120,1	II		Dileto	ral nephr	222222	4 -		
OOTH	ER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING	+ cerebra	-				
DISE	ASE OR CONDITIO	N GIVEN IN PAI	RT 1 (A).						
H 19A.	DATE OF OPERAT	WAS PER		WHICH OPERATION	20 A. AUTOP	SY? (Tes or No	20B. IF YES, WER	AUSES OF DEATH	SIDERED 1?
₩ 21A.	ACCIDENT WAS	UNDERLYING	7 216	PLACE OF INJURY (e.g.,		700		are City, give exoc	
OP 0	CONTRIBUTING [CAUSE OF	hon	ne, lorm, foctory, street,	office bldg., INJUR	Y OCCUR?	(1	are eny, give exec	, io canon,
T DEA	the thomy modicor	(Doy) (Year)		INJURY OCCURRED	215 11	OW DID INJ	10× 0.001102		
A DEV.	TIAAF (AAnnth)	(Doy) (Teon	111000 216	INJURT OCCURRED	211. 11	OM DID INT	JKT OCCOK:		
DEA DEA	NJURY		WH	ile At C Not Whi	ile 🗂				
DEA DEA OF II			W	rile At Work Not Whi At Work					
DEA 21 D. OF II (APP	NJURY PROX.) I certify that (I)	(this haspita	l) attended t	he deceased from	May 15th		* Fre French	ay 16th	19
DEA 21 D. OF II (APP	NJURY PROX.) I certify that (I)	(this haspita	l) attended t	he deceased from	May 15th				
DEA 21D. OF II (APP	NJURY PROX.) I certify that (I) (I) (we) last sa	w the decease	l) attended t	he deceased from May 16th	May 15th	and the	at in (hd) (aur) a		
V DEA	NJURY PROX.) I certify that (I) (I) (we) last sa	w the decease	l) attended t	he deceased from	May 15th	and the	at in (hd) (aur) a		curred an th
DEA 21D. OF II (APP 22. that	NJURY ROX.) I certify that (I) (I) (we) last sa haur and fram t	w the decease	l) attended t	he deceased from May 16th (We) (did) (d/d/do)	May 15th 19 68	and the	ot in (And) (aur) a	pinian death ac	curred an th
DEATOF III (APP) 22. Ithat and 23A.	NJURY (ROX.) I certify that (I) (M) (we) last sa haur and fram the signature	w the decease	l) attended t	he deceased from May 16th () (We) (did) (did) (did)	May 15th 19 68 view the bady of the bady	and the after death. Aed.	Staff K	23B. DATE SIG	curred an th
DEATON DE	NJURY ROX.) I certify that (I) (I) (we) last sa haur and fram t	w the decease	l) attended t	he deceased from May 16th () (We) (did) (did / d/)	May 15th 19 68 view the bady rending	and the after death. Aed. Director	Staff K Raven Bo	238. DATE SIG May 17,	curred an th
22. that and 23A.	NJURY (ROX.) I certify that (I) (we) lost sa haur and fram to SIGNATURE PHYSICIAN'S NAME (Type)	w the decease	I) attended the dalive and the daliv	he deceased from May 16th () (We) (did) (did /d/) DEGREE AH DEGREE	May 15th 19 68 view the bady rending	and the after death. Aed. Director	Staff K Raven Bo	238. DATE SIG May 17,	ned an th
22. that and 23A.	NJURY ROX) I certify that (I) (we) last sa haur and fram ti SIGNATURE PHYSICIAN'S	w the decease	I) attended the dalive and the daliv	he deceased from May 16th (We) (did) (did /d/) DEGREE Ph	May 15th 19 68 view the bady rending	and the after death. Aed. Director	Staff K h Raven Bo	238. DATE SIG May 17, ulevard d 21218 City, town, or cour	ned an th
TO DEA' OF III (APP 22. I that and 23A. 24A. BUR SEA	NJURY (ROX) I certify that (I) (we) last sa haur and fram the signature PHYSICIAN'S NAME (Type)	w the decease stars are causes are caused are causes are caused are	wo I) attended the dalive and the d	he deceased from May 16th () (We) (did) (did /d/) DEGREE AH DEGREE	May 15th 19 68 view the bady rending	and the after death. Aed. Byoo Loc Baltimor	Staff K Raven Bo	238. DATE SIG May 17,	ned an th

VS 150-REV. 1/1/68



TI]	BALTIMORE CI	TY HEALTH DEPARTMENT
•	M-620 68- 5265 CERTIFIC	ATE OF DEATH REG. NO. 68-5265
Such	BIRTH NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Se	(Type or Print) M	2. DATE AND HOOK OF DEATH
h.	3. PLACE IN BALTIMORE, MARKAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission)
death.		A. STATE B. COUNTY
dea	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md I I
to t	INSTITUTION	C. CITY OR TOWN
0 7/	Baltimore City Hospitals	E. STREET AND NUMBER 21206
	4940 Eastern Ave	4031
0 0	Raltimore, Maryland 21224 S. SEX 6. RACE 7. MARRIED NEVER MARRIED	7 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
regular eased p	THE THE MAKES	10-25-80 lost birthdoy) Months Doys Hours Min.
rec	Female White WIDOWED DIVORCED 100A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	
dece	done during most of working life, even if retired)	
e d siti	HOUSEWOOK AT HOME	Maryland U.S.A.
the pos	George Hall Holl	14. MOTHER'S MAIDEN NAME
isp	deorge HALL	Margaret
eath was in e on the dec al disposition	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave.
de	213-16-3724-T	17. INFORMANT 4940 Eastern Ave. B.C.H.: RECORDS Baltimore, Maryland 21224
	IB. 7 / 7 . 3 CAUSE OF DE	
unced tenda ed or	DISEASE OR CONDITION DIRECTLY	ATH Conjentin Heart Furly BETWEEN ONSET AND DEATH AUSE Consequence OF: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 36 Less AS A CONSEQUENCE OF:
atte	LEADING TO DEATH	AUSE Corea elation della T 36 km
a a a	(This does not mean the made of dying, e.g., DUETO, OR A	AS A CONSEQUENCE OF:
7 2 0		
e de c	ANTECEDENT CAUSES	reurraterid Arthitis years
re re	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
n in s	rise to the above cause (A) sloting the UNDERLYING CONDITION last.	Agestine Heart Cailine years
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	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
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sici the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- > 0		NO
	OR CONTRIBUTING CAUSE OF home, farm, factory, street,	office bldg., INJURY OCCUR? (If in Boltimore City, give exoct lacotion)
No Pe	DEATH (notify medical examiner) etc.)	
> 0	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	≥ (APPROX.) While At Not Work At Wo	Thile
and	22. I certify that (W) (this haspital) attended the deceased fram	
9.0	that (1) (we) last saw the deceased alive an 5 / 1 7	19 6 8 and that in (MI) Cour apinion death occurred an the date
hospitat o death)	and hour and from the causes stated above. () (WS) (did state)	/
ospitat death) must be	23A. SIGNATURE	23B. DATE SIGNED
PE	() () () () () () () () () ()	Attending Med. Staff X
n + 0	The state of the s	hys. Director Phys. 2
ior rov	23C. PHYSICIANES NAME (Type)	BALTIMORE CITY HOSPITALS
eceased prior	Neil R. Williamson MD	4940 EASTERN AVE. BALTIMORE, MD. 21224
0 p p	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMETERY OF	
was D.O. deceased written	BURIAL 5-20-68 OAKLAWN	EMETERY BUTOCO, ME
was dece writt	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTAAR	2SC FUNERAL DIRECTOR ADDRESS
₹ 0 ₹	MAY 2 1 1968 (1 Lus & Starling)	Kyster Corplex 5444 BELAIR Rd.
- 1	V\$ 150-REV. 1/1/68	



VS 150-REV. 1/1/68

30	E000	BALTIMORE CITY HEALT
38-	2200	CERTIFICATE C

ERTIFICATE OF DEATH

reg. No. 68- 5266

- 13	BIRTH NO.	GERTII 1671					
	T, NAME OF DECEASED (Type or Print) BERNARO A.	WIEGARD	5/18	D HOUR OF DEATH	6 10 A.M.		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP		4. USUAL RESIDENCE (Where		itution: residence before admission)		
	FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF ADDRESS OR LOCATION)	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	a Visio	ECITY LIMITS?		
	44		BALTIMORI E. STREET AND NUMBER	C	YES NO		
	UNION MEMORIAL		5929	GLENKIK			
	S. SEX 6. RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	M WIDOWI		02/14/19	47			
	10A, USUAL OCCUPATION (Give kind of work) 0B, KIND done during most of working life, even if relired)	OF BUSINESS OR INDUSTRY	1]. BIRTHPLA CE/(Stote or fore)	gn country)	12, CITIZEN OF WHAT COUNTRY?		
	Construction Gas &	Electric (o.	MARYLAM	10	U.S.A.		
	13. FATHER'S NAME	0.4	4. MOTHER'S MAIDEN NAM		C 14 S		
	MICHAEL WIEG		MA7160A	KREY	MBERG.		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service		I/- INFORMANT	,	SAME AS		
	Yes WVII	216-10-4485	ELIZABETH	BUTLER	DECEASED.		
	18./62./	CAUSE OF DEATH			BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		P.P.	1+	1 1 1 1 1 1 1		
Ì	(This does not mean the mode of dying, e.	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	a of m	6 meres		
	heart failure, asthenia, etc. It means the disease injury or complication which coused death.)			ling			
	ANTECEDENT CAUSES		Branchagi	2416			
	DISEASES OR CONDITIONS, if any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:	700			
	rise to the above cause (A) stating to UNDERLYING CONDITION tast.				Dr. Gen		
	O THER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1) 20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., in name, form, factory, street, off etc.)	or about 21C. WHERE DID	(If in Boltimore	City, give exoct location)		
	OF INJURY	While At Work Not While At Work	21F. HOW DID INJ	URY OCCUR?			
			200 26 ·	19 68 in ma	ay 18 10 67		
22. I certify that (I) (this hospital) attended the deceased fram 19 19 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19							
	Emigne Cipe	DEGREE Phys.	. Director	S toff Phys	5/18/67		
	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	100	+		
	EMRIQUE LIPRIAM	DEGREE	33 29 and	Calvery	Sta.		
	24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (City	, town, or county) (Stote)		
		Ly REdeemer (em		ltioore, Pary			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25G FUNERAL DIRECTOR	en Inc-6415 1	Address		
- 1	2014 1 7 1 14DO 702 ()	TO PERSONAL PROPERTY OF THE PERSON OF THE PE	TODITE - TIUXXI	UN 100-0415 1	Rolain Rd -21206		

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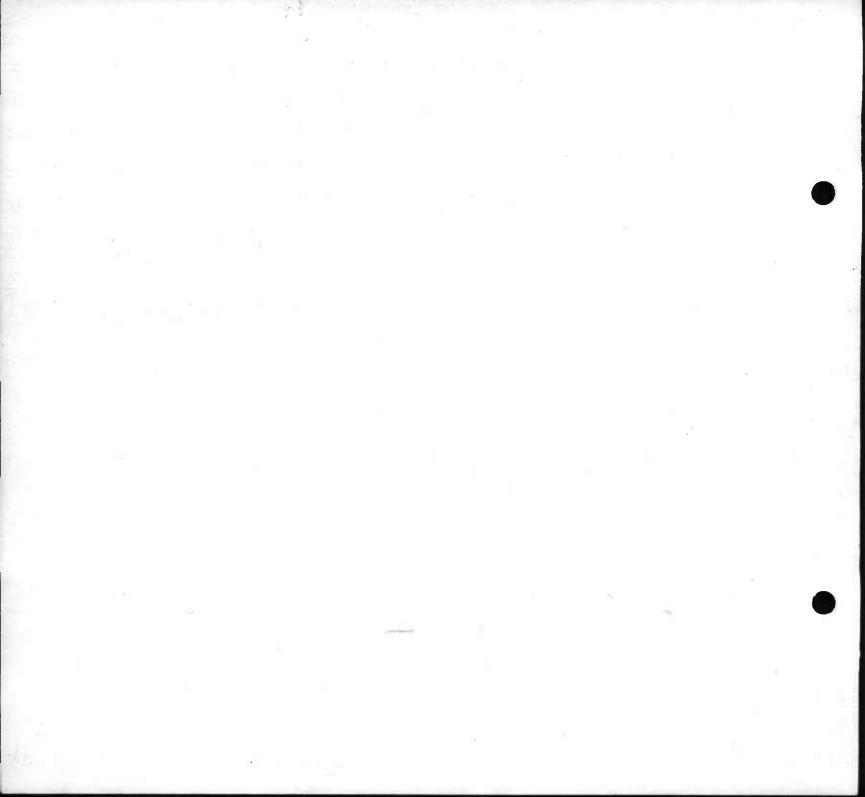
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VS 150-REV. 1/1/68

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.
	F + 9	> 0 5

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
68-	5268 CERTIFICA	ATE OF DEATH	REG. NO.	68- 5268
BIRTH NO. 1. NAME OF DECEASED	02/(11/10/	2. DATE AND H	OUR DE DEATH	
	ALDMON	2. DATE AND H	7/60	17:20 P.
B. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Where de	coased lived. If inst	17
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND		17-17
HOSPITAL OR ADDRESS OR LOCATION	THE STREET	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
9/		BALTO		YES NO
	EIRMARY	E. STREET AND NUMBER		
LEVINDALE HOME +	INPINIT	G-REENSPRING	L BELL	. AVE
6. RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9. A		If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	OWERS DIVORCED	11/5 / 1879	89	
OA, USUAL OCCUPATION (Give kind of work 10 B. Klone during most of working life, even if retired)	IND OF BUSINESS OR INDUST		ountry)	12. CITIZEN OF WHAT COUNTR
one during most of working the, even it retired;		NEW YORK		U.S.a.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	to.	3173.001
33				
S. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	DODHIE		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	in herokwani		ADDIESS
NO		MRS. JESSIE ROSE	NSTOCK 69	30 BROCKMILL RD
18. 1 8	CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTL		0		
LEADING TO DEATH	(A) IMMEDIATE CA	AUSE PNEUMONIA	}	3 DAYS
(This does not mean the mode of dying heart foilure, asthenia, etc. II means the d	DUE TO OR A	S A CONSEQUENCE OF:		
injury or complication which coused death				7,100
ANTECEDENT CAUSES	453			
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR A	AS A CONSEQUENCE OF:		
rise to the above cause (A) stating	· ·			
UNDERLYING CONDITION lost.	(C)			
z 493 X 11	UPD 4			
OTHER STGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TER	MINAL AS	こくり		
		20 A. AUTOPSY? (Yes or No) 20	R. IF YES WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D CONTROL OF EXAMEN	A/A IN	CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	, in or about 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(II III DOMINIOTE	City, give exect to contain
U			X	
21D.TIME (Month) (Doy) (Year) (Hos		21F. HOW DID INJURY	OCCUR?	
(APPROX.)	While At Not Will At Work			49 (10)
22. I certify that (a) (this haspital) atte	ended the deceased from	3/12 106	3 to 5	117 1968
	11.0	1 10		
that (we) last saw the deceased ali	- /		I(my) (-qua-7 apini	ian death accurred an the da
and have and fram the causes stated at	pave. (b) (We) (did) (did=no+)	view the bady after death.		
23A. SIGNATURE		wanding State		23 B. DATE SIGNED
Hoe fanx M	DEGREE PI	Hending Med. Staff nys. Director Phys		5/17/68
23 C. PHYSICIAN'S NAME (Type)	,	23D. ADDRESS	- 1 0	
Abe LE	VY M.D.	Surai Hos	pto	part -
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		TION (City	, town, or county) (Stole)
REMOVAL (Specify)				D
Burney 3 120/68	Washington len	relery		Hew Jork
25A, DATE REC'D BY HEALTH DEPT. 25B, I	NAME OF REGISTRAR	250 FUNERAL DIRECTOR	. <	9610 Revolution
MINI ET 1200 AC	Krey C. Jaken A.	A Sugar	~ a 30x 1 No	1010 Aronne
VS 150-REV, 1/1/6B				



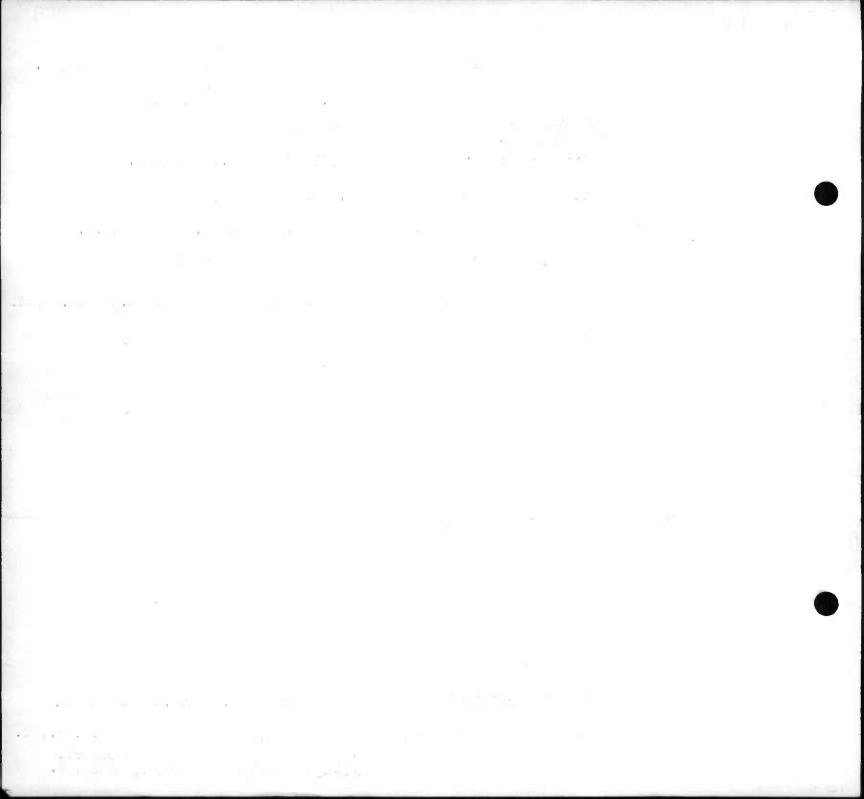
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	58- F	BALTIMORE CITY	HEALTH DEPARTMENT	1/	68- 5270	
	00- 0	270 CERTIFICA	TE OF DEATH	REG. NO	00 010.0	
	ATH NO.		2. DATE AN	ID HOUR OF DEATH		
	pe or Print) SUMNER FRAN	ICIS JR	MA	Y 17 1968	2:40 Pm.	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased fived. If i	institution: residence before odmission)	
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	MARY LAND	Bulte	Co 53-00		
110	ST AGNES HOSP. CATON 8	BALTIMORE		YES NO		
1		E. STREET AND NUMBER				
1	BALTIMORE , MARYLAN	B. DATE OF BIRTH 19, AGE (In years 1 III Under 1 Yr. II Under 24 Hrs.				
	MALE WHITE WIDOW		04 09 15	lost birthdoy) 53	Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 10B, KIND de during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
	Dele	rod	MARYLAND		USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	SUMNER FRANCIS	SR.	Alma GU	FUDES		
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)		ST AGNES RE	CORDS-CAT	ON & WILKENS AVE	
	YES W W II	212-09-9838 CAUSE OF DEAT	BALTIMORE,	MARYLAND	21229	
	18.E948XI	CAUSE OF DEAT			BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Wien		2 -		
	(This does not meon the mode of dying,		A CONSEQUENCE OF:			
	heort foilure, osthenio, etc. It meons the diser injury or complication which coused death.)		, ,			
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A/CONSEQUENCE OF:					
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A/CONSEQUENCE OF:					
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	cie Kadistion A	leptoritis			
		(0)				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION					
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1. (A).	IAL	***********			
ERTIFIC,	19A. DATE OF OPERATION 198. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
GE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltime	ore City, give exoct location)	
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, lorm, foctory, street, o	fice bldg., INJURY OCCUR?			
EDIC		21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
NE N	OF INJURY (APPROX)	While At - Not While		00-01		
		Work At Work			1	
	22. I certify that (1) (this haspital) attended	MAN 17	4.0	19 <u>68 to MAY</u>	17196.8,	
	that (() (we) lost sow the deceased alive			at in (my) (our) op	inion deoth occurred on the date	
	and haur and from the causes stated abave	e. ()((We) (did) (d)d/nos) v	iew the body ofter deoth.			
	23A. SIGNATURE	1 - 6,8	-1:	s. u of	23B, DATE SIGNED	
	(the aughor	Chilles OEGREE Phy	nding Med. Director	Staff Phys.	5-17-68.	
	23C. PHYSICIAN'S NAME, (Type)	100	23D. ADDRESS	11	lail.	
	HLESHA DISO	TE STA DEGREE	I legue	s Hospier		
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	MATORY 24D. L	OCATION (C	City, town, or county) (Stote)	
	BURIA 5/21/68	BAITIMORE NI	A TIONA /	BAITIMOR	e Md,	
		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	- 00 0	ADDRESS	
	11 1968 A O	RS Starbuffsh	0 8327/ac N	166- B	28 Md	
VS	150-REV. 1/1 638	6				

2/8/68-Radiation Tetre for abd tenoring of 42-possible sarcoma.
Sylomation from Ly. agree - see file
Ruresu of Biostatilies
Rureran Bely.

68- 527	1 CERTIFICA	TE OF DEATH	REG. NO.	68- 527	1
BIRTH NO. 1, NAME OF DECEASED			ND HOUR OF DEATH	4	
(Type or Print) CHARLES GEORGE	MARSZALEK	May	19, 1968	9:10 PM	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		4. USUAL RESIDENCE (WI	ere deceased lived. If in	stitution: residence before odr	nission
		A. STATE B. COU	Baltimore	53-	20
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?	2 0
IN STITUTION		Middle River		YES NOW	
7 / Baltimana Citar Hagnita	7	E. STREET AND NUMBER	(20)	152 HAVE	
3/ Baltimore City Hospital	1	03.00 0-1-3	R1		
S. SEX 6. RACE . 7. MARRIED		2108 Oakland	9. AGE (In years	If Under 1 Yr. If Under	24 Hrs
MARKED	NEVER MARRIED		lost birthday)	Months Days Hours	Min.
Male White WIDOWED		July 5, 1899	68	12. CITIZEN OF WHAT CO	MINTE
done during most of working life, even if retired)	BOSINESS OK INDOSIKI	II. BIKITIPLACE (Store of to	reign country)		OHIK
Assembly Worker Auto M	fg.	Baltimore, 1	Vd.	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
Iouis Marszalek		Anntoine	tte Viencek		
5. Wos Deceased Ever in U. S. Armed Forces?	16 505141	17. INFORMANT	- Tencer	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 213001 4674			ADDRESS	
Yes WWll	51700T 40.74	Dolores Mars	zalek Same		
rise to the above cause (A) stating the UNDERLYING CONDITION last,	TSS NO STATE OF THE PARTY OF TH	A CONSEQUENCE OF:			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	THICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
U 121 A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g., i e, farm, factory, street, o	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	re City, give exoct location)	
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
₹ (APPROV)	e At Not Whil	e 🗖			
VVOI		2/11	1.7	2/,	15
22. I certify that (1) (this hospital) attended th	e deceased fram	May	19 <u>43</u> ta	2// 19	68
that (1) (we) lost sow the deceased alive on	3//	19 6 J ond	that in(my) (aur) opi	inton death occurred an t	he do
and haur and from the causes stated above.	(We) (did) (did not)	iew the body ofter deoth	•		
23A. SIGNATURE				23 B. DATE SIGNED	
march (Com	hen Atte	nding Med.	Staff	5-20-68	
220 BHYSICIANS	hus aegree Phy	23D. ADDRESS	Phys.	4 20 - 60	
23C. PHYSICIANS NAME (Type) DOSEPH J. CA	MERCON GEGREE	10/2 Old 1	Word PAR	ed Balto,	24
24A. BURIAL CREMATION, 24B. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	City, town, or county)	(Stote)
	.Stanislaus C	ometawir D.	1 timores M	Land Com	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME Q		25C. FUNERAL DIRECT		and	
		- Lane	Duly 3	energ	
	a value	Brazdzinski	runeral kowe	1407 Eastern A	ve.
VS 150-REV. 1/1/6B					



VS 150-REV. 1/1/6B

	00 50	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5272
5	り	CERTIFICA	TE OF DEATH	REG. NO	00° JAIA
	1. NAME OF DECEASED	GDALL	2. DATE AND	HOUR OF DEATH	11:20 0 0 0
1	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC		4. USUAL RESIDENCE (Where A. STAJE B. COUNT	deceased lived. If in	nstitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TUTION, GIVE STREET	C. CITY OR TOWN	25	TOE CITY LIMITER
	BON SECOUR HOSP	ITAL	BALTO.		YES NO
	34 FAVETTE + PULASKI	ST.	4901 PARK	TON CT.	
	5. SEX 6. RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9-19-85	os AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
١	CIERK VETER	RANS Admin.	W. VIRGINI		USA
į	JOHN W. BERGDA.	4	5 1 TES	lE.	
i	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	490	I PARTADORESST.
1	No.	9	RESSIE BERGER		It MORE 39 AND
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	(B) S DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or No)	208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	or about 21C, WHERE NO	1	re City, give exect location)
	OR CONTRIBUTING CAUSE OF ho DEATH (notify medical examiner)	me, form, foctory, street, of	fice bldg., INJURY OCCUR?	(ii di bollino	e chy, give exact location;
	S OF INJURY	E. INJURY OCCURRED Thile At Not While Ork At Work	21F. HOW DID INJU	IRY OCCUR?	
	22. I certify that (I) (this hospital) attended	the deceased fram]1	9ta	19
	that (1) (we) lost sow the deceased alive on.	# 00 00			inion deoth occurred an the dote
	and haur and fram the causes stated above.	(I) (We) (did) (dld nat) v	iew the bady after death.		
	23A. SIGNATURE	Alto	nding Med.	Shaff 10	23B. DATE SIGNED
	23C:PHYSICIAN'S	DEGREE THYS		Phys.	5-10-68.
	ANGEL S. GON	2ALEZ			
	24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CRE		1	ity, town, or county) (State)
	BURIAS 5-14-68 ST	Johns Lulha		cotterly	Howard My
0	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME MAY 2 1 1968	of REGISTRAR	25C. FUNERAL DIRECTOR	. 2	Mest Egg
	VS 150-REV. 1/1/68		V		



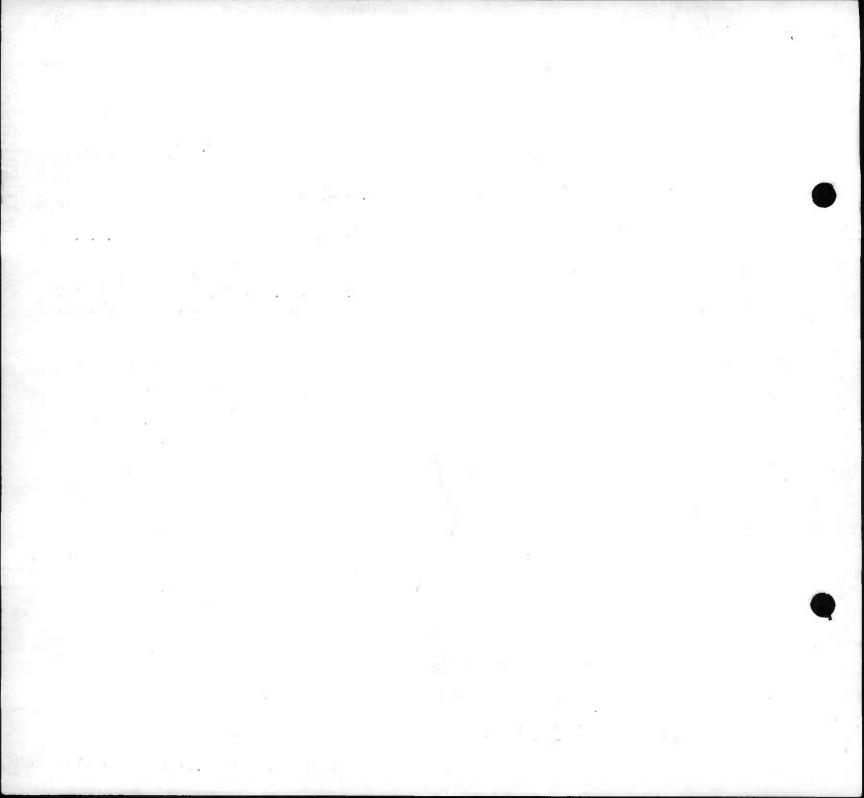
	BALTIMORE CITY HEALTH DEPARTMENT
BI	RTH NO. 67-22198 68- 5273 CERTIFICATE OF DEATH REG. NO. 68- 5273
.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR DATE A
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where declased lived) If institution: residence before admission) A. STATE B. COUNTY
FU	JUL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET WAS
IN	STITUTION ADDRESS OR ESCATION) C. CITY OR TOWN YES NO NO
4	2 3/NAI HOSPINI E. STREET AND NUMBER PINDLES Rd
	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost bigthday) Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) B. A. USUAL OCCUPATION (Give kind of work 108, KIND OCCUPATION
13.	FATHER'S NAME
15.	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	ss, no of unknown) (If yes, give wor or dotes of service) NONE SECURITY NO. NONE Benjamin Cooper 4507 Pimlico Road
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart loilure, osthenia, etc., It means the disease,
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the
Z	TO THE DEATH BUT NOT RELATED TO THE TERMINAL
1 9	
	OR CONTRIBUTING CAUSE OF home form factory street office bldg. IN IURY OCCUR?
MFDI	21D TIME (Month) (Day) (Year) (Hour) 21E INTURY OCCURRED 21E HOW DID INTURY OCCUR?
	22. I certify that (1) (this haspital) attended the deceased from 5/16 19 6/16 to 5/16 19 6/16 that (1) (we) last sow the deceased alive an 5/16 19 6/16 and that it (my) (aur) opinion death occurred an the date
	and hour and from the causes stated above (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff
	23C. PHYSICIAN'S NAME (Type) OY d RRAMER MD DEGREE Phys. Director Phys. Director Phys. Director Direc
	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Burial 5/20/68 Mt. Auburn Cemetery Baltimore, Maryland
. 25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	MAY 21 1968 R.C. & E. Gwynn 4517 Park Heights Av.
	3. FLH: NOIL O TO T

artis

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
11	-5ar 68-5	CERTIFICA	TE OF DEATH	REG. NO	68- 5274
	RTH NO.	CLICITICA		D HOUSE OF DEAT	
	PAME OF DECEASED pe or Printil	le est		17-68	н
-	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		14. USUAL RESIDENCE (When		4: 20 A M.
3.	PLACE IN BALLIMOKE, MARTLAND, WHERE PRO	DNOUNCED DEAD	A. STATE 8. COUN	TY	We-
FU	IL NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	IKar GlANI		-02
	OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	CON.	ISIDE CITY LIMITS?
	CULAR MADDITAL	ACBAITO	BALTIMORE		YES X NO
1	SINAI HOSPITAL	of DAGO	E. STREET AND NUMBER		TON AVENUE
1	d.		/SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		COCOCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
11	SEX 6. RACE 7. MARR	IED NEVER MARRIED		9. AGE (tn years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
11 "	FEMALE CHITE WIDOW		10-7-1891	76	
	A. USUAL OCCUPATION (Give kind of work 10B, KINE ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote ar forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
l don		HOME	ADVANCAC		11.0.4
13.	FATHER'S NAME	TIVML	ARKANSAS	ΛE	U.S.A.
	LOUIS HABERER		AMMA	0	
16	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	ANNA 17. INFORMANT		ADDRESS
	(If yes, give war or dotes of servi		DR. LOUIS H. TA	NKIN. PAIN	
NO)	NO	BOX 1920A. OWIN		
	18.	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		1		. 1995-19-19-19-19
	LEADING TO DEATH	(A)IMMEDIATE CA	USE FARCING	OKATOS.	15 > 6 mount
	(This does not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		,
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	04	cel Sian	rold Ce	0/01/ > 1 42
	DISEASES OR CONDITIONS, if any, gir	(8) DUE TO, OR A	cof Sign S A CONSEQUENCE OF:		
	rise to the above cause (A) stating				
	UNDERLYING CONDITION last.	(c)			
-	153.3 II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN				
Y	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A ALIZONGUO /V No	1 200 IF MEC 14/50	5 SINDINGS CONSIDERED
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OK WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
EE!		218, PLACE OF INJURY (e.g.,	in at about 21C WHERE DID	/lift in Quitien	are City, give exact location)
AL O	OR CONTRIBUTING CAUSE OF	hame, lorm, foctory, street,	office bldg., INJURY OCCUR?	(ii in conim	idre City, give exact locotion;
10		etc.)			
ED	OF INITION	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Wark At Work	ile 🔲		
	22. I certify that (I) (this haspital) attend			19 66 to	5 - 17 19 68
		F . M	22		,
	that (I) (we) lost sow the deceased olive	on		of in (my) (our) o	pinion deoth occurred on the date
	and hour and from the causes stated above	e. (1) (We) (<u>did</u>) (did nat)	view the body ofter deoth.		
	23A. SIGNATURE				23B. DATE SIGNED
	Easts C. 8	Weev H.D AH	ys. Med. Director	Stoff Phys	5-17-68
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
	NAME (Type) EDITO C. G.	ALUEZ H.D	SINDAI HOS	portel o	Parto.
24	A. BURIAL CREMATION, 248, DATE 24	G. NAME of CEMETERY OF CE			(City, town, or county) (State)
1	REMOVAL (Specify) 5-20-68				
		INIVERSITY MEDIC	CAL SCHOOL B	BALTIMORE,	
25	A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	1	ADDRESS
	WAI OT 1900 OCT	Jew Contamour	SOL LEVINSON	& BROS.,60	10 REISTERSTOWN ROAD
VS	150-REV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	00 507	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5275
	Birth No. 52/3	CERTIFICAT	TE OF DEATH	REG. NO.	00 0270
	1. NAME OF DECEASED (Type or Print) CHARLES Fo	RD	2. DATE AND	HOUR OF BEATH	8 40 P. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institu	tian: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI HOSPITAL OR ADDRESS OR LOCATION)	ON, GIVE STREET	MARYLAN	DEIDE	Try timus?
			E. STREET AND NUMBER	YI	
	42 INAI HOSPITAL		2611 W. T	BELVEDER	E PUC, APT. 8
	MALE M 6. RACE WITTE WIDOWED	NEVER MARRIED	B. DATE OF BIRTH 8-1-9.	AGE (In years of M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Bidone during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHED A CE (State or foreig	n country) 1	2. CITIZEN OF WHAT COUNTRY?
	SALESMAN RETA	IL	DAZTIMO	RF. MD.	U.S.A.
	13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	E	
	HARRIS FORD		JENNIE DAV	IS	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
			IRS. MARY FORD	2611 W. BELVE	DERE, APT. 1 C
	18. 410. 9	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAUS	E Cardia c	Oskert	
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:		
	injury ar camplication which coused deoth.)	E	/ / /	. 00 1	
	ANTECEDENT CAUSES	(B)	yorardial	Sufore 170	91
	DISEASES OR CONDITIONS, if only, giving rise to the above cause (A) stating the	DUE 10, OR A5 A	ONSEGUENCE OF:	0	
	UNDERLYING CONDITION lost.	(c)	<u>V</u>		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	U 21 A. ACCIDENT WAS UNDERLYING [2] 21 B. PL	ACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact location)
	OR CONTRIBUTING CAUSE OF home, etc.)	form, factory, street, offi	ce bldg., INJURY OCCUR?		
		NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.) While Work	At Work			1
	22. I certify that (I) (this hospital) attended the	deceased from	5/10/68 1	1000	119 1968.
	that (I) (we) lost sow the deceosed alive an			t in (my) (aur) apinia	n death accurred an the date
	and haur and fram the causes stoted abave. (1)	(We) (did) (dld nat) vi	ew the bady after death.	4 100	B. DATE SIGNED
	23A MGN TURE	OLD Atten	ding Med.	itaff TD	5 Anlic
	23C. PHY CIAN'S	DEGREE PHYS.	Director L F	Phys.	179/60
	23C. PHY CIAN'S- WAINE (Type)	MED MD	Sino	1 Han	tu0
	24A. BURIAL CREMATION, 24B. DATE 24C. NAM	TE OF CEMETERY OF CREA	MATORY 24D. LO	CATION (C)	town, or county) (State)
	BURIAL 5-21-68 SHAA	REI ZION	pho		ND.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	EDALE, MARYLA	ADDRESS
	MAY 21 1968 17.02. 658	Harber Ma	SOL LEVINSON &	BROS., 6010 R	REISTERSTOWN ROAD
- 1	VS 150-REV. 1/1/6B				

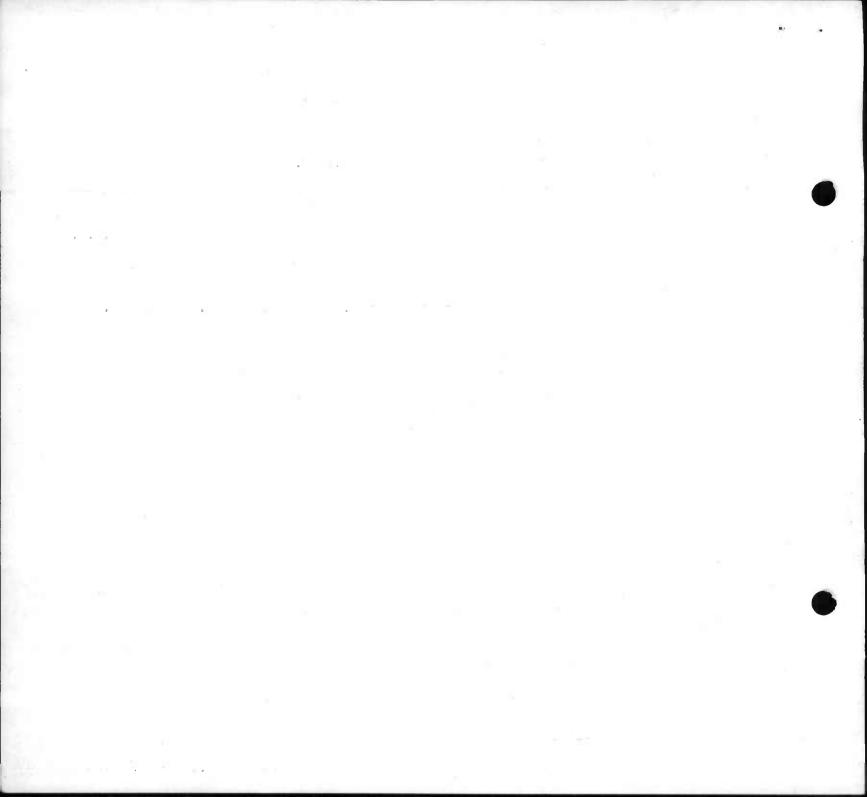
t 60 11 . BASTIMORE. Haprandias Super ! 8/19/08 /10/8 - O = / 19/8 Lendel are Since Hay in

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RTH NO.	68	5276	BALTIMORE CITY HEALTH C	DEATH
NAME OF DECEASED			· · · · · · · · · · · · · · · · · · ·	2. DATE

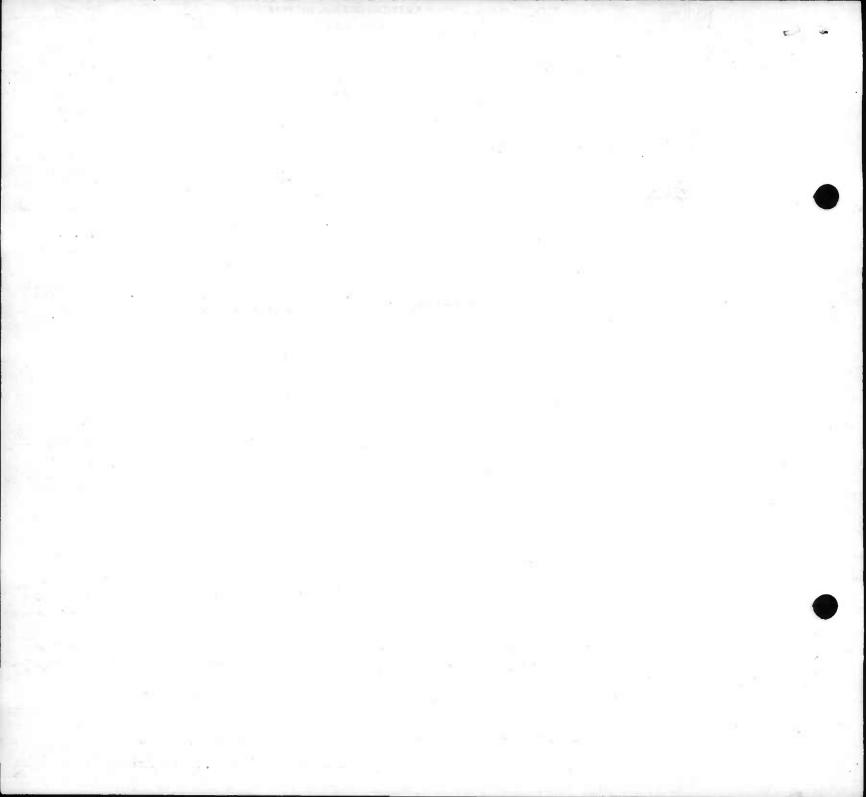
	68-	5276
REG. NO	()()	CHAIL

BIRTH NO.	TE OF DEATH
T. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
ERIC MAY	MAY 19, 1968 6 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARY LAND C. CITY OR TOWN D. VISIDE CITY LIMITS?
UNION MEMORIAL HOSPITAL	BALTIMORF YES X NO
44	4510 N. CHARLES STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years of Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
MALE WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	APRIL 23, 1903 65
done during most of working life, even if retired)	Selfacion ment
PHOTOGRAPHER SEIGEL MAJESTIC	NEUSTADT, ON THE HEART U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEOPOLD MAY	BERTHA ?
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
NO 077-24-7108	MRS. ERNA MAY. 4510 N. CHARLES ST.
18. 410.9 CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	117/7/
LEADING TO DEATH (A)IMMEDIATE CALL	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplicotion which coused death.)	a consequence of: Promise y schools
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
4 20.1 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	the hearten liber ANTIC Insall
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	hc 1(1) Femilian. TWNC 21134/4.
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION WAS PERFORMED 19A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	IN CERTIFIED CAUSES OF DEATH!
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 218. PLACE OF INJURY (e.g., in home, form, factory, street, or etc.)	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location) ffice bldg, INJURY OCCUR?
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	
22. I certify that (I) (this haspital) attended the deceased from	1947 10 3-2/ 1968
that (!) (we) last saw the deceased alive on 3-2/	1968_ and that in(my) (aur) aplnion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did nat)	riew the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
4 Thi WL 11 15 17 DEGREE Phy	ending Med. Staff Director Phys. 5-20 -68
DEGREE	23D. ADDRESS
HAROLD BIX	PIKESVILLE MEDICAL BUILDING
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	
REMOVAL (Specify) PLIDTAL E OO (6 CUEUDA AUAUAC OUT	OTO PAUGALLOTANIA MAGALLAGO
BURIAL 5-20-68 CHEVRA AHAVAS CHE	5:4-11 120 52:10
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	SED RANDALLSTOWN, MARYLAND 25C. FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

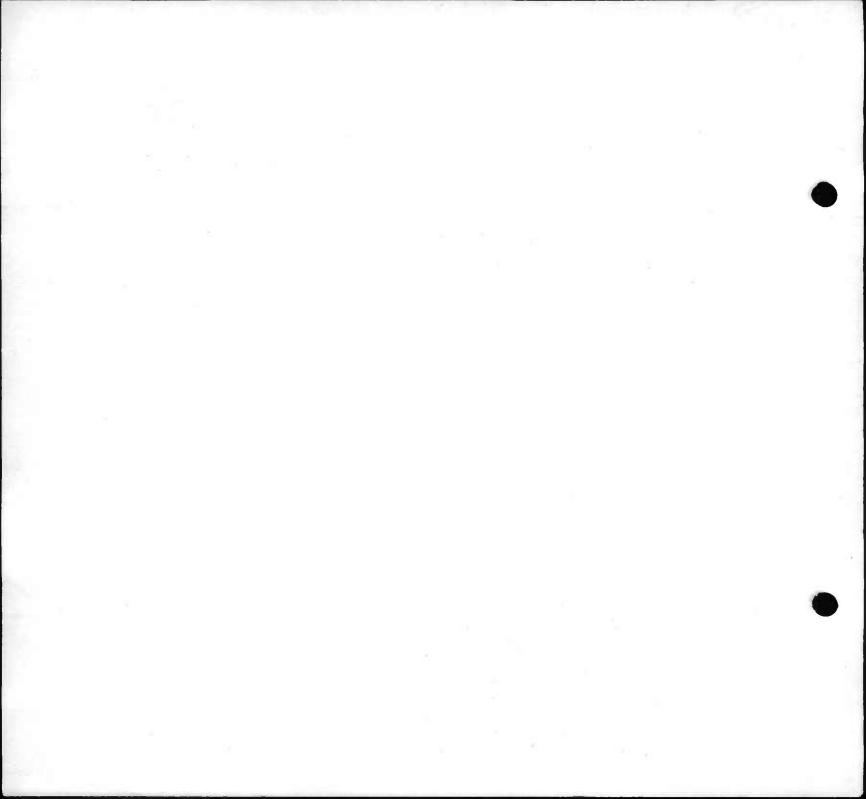
N-34- 68- 5277 B	ALTIMORE CITY HEALTH DEPARTMENT 68- 5277
	ERTIFICATE OF DEATH
BIRTH NO.	2. DATE AND HOUR OF DEATH
	EDLEMAN 5/19/68 11 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,	-H2211212 12 12 12 12 12 12 12 12 12 12 12
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS? 74
	DAZTIMORE YES NO
4221NAT HOSPIT	RZ E. STREET AND NUMBER
	8616 BRAMBLE LA 21207
5. SEX MALE 6. RACE 7. MARRIED NEV	ER MARRIED B. DATE OF BIRTH 15/85 9. AGE (In years lost birthdoy) DIVORCED September 1982 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINE	SS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired) SELF EMPLOYED TAILOR	KUSSIA U.S.A.
SELF EMPLOYED TAILOR	14. MOTHER'S MAIDEN NAME
HYMAN NEEDLEMAN	SARAH ?
15, Wos Deceased Ever in U. S. Armed Forces? 16. SO	CIAL 17. INFORMANT ADDRESS
	-32-1418 8903 MAPLEBROOK ROAD.
	ALISE OF DEATH
DISTASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	(A) IMMEDIATE CAUSE WELNEW
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONSEQUENCE OF:
injury or complication which coused death.)	Ch Rimania
ANTECEDENT CAUSES	(B) Chronie (YELONEPHINS
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	DUE TO, OR AS A CONSEQUENCE OF:
	(c)
UNDERLYING CONDITION Iost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE home, form, etc.)	OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) foctory, street, office bldg., INJURY OCCUR?
	Y OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) OPEN TIME (Month) (Doy) (Yeor) (Hour) OPEN TIME (Month) (Doy) (Yeor) (Hour) OPEN TIME (Month) (Doy) (Yeor) (Hour) White At Work	Not While At Work
22. I certify that (1) (this haspital) attended the deco	A I C
	5 / 9 19 68 and that in(my) (pur) opinion death accurred an the date
a la	
23A. SJØN ATURE	23B. DATE SIGNED/
	Attending Med. Staff Phys. Director Phys. 3
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	18thorne Denai Hometal
	CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	AUUUN PERTIUME UUNUU IIIO
BURTAL 5-20-68 CHIZUK PARAN DATE REC'D BY HEALTH DEPT. 25B. NAME OF PREGI	
MAY 21 1968 R. L. B. E.	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
VS 150-PEV 1/1/6P	



FUNERAL DIRECTOR: IMPORTANT

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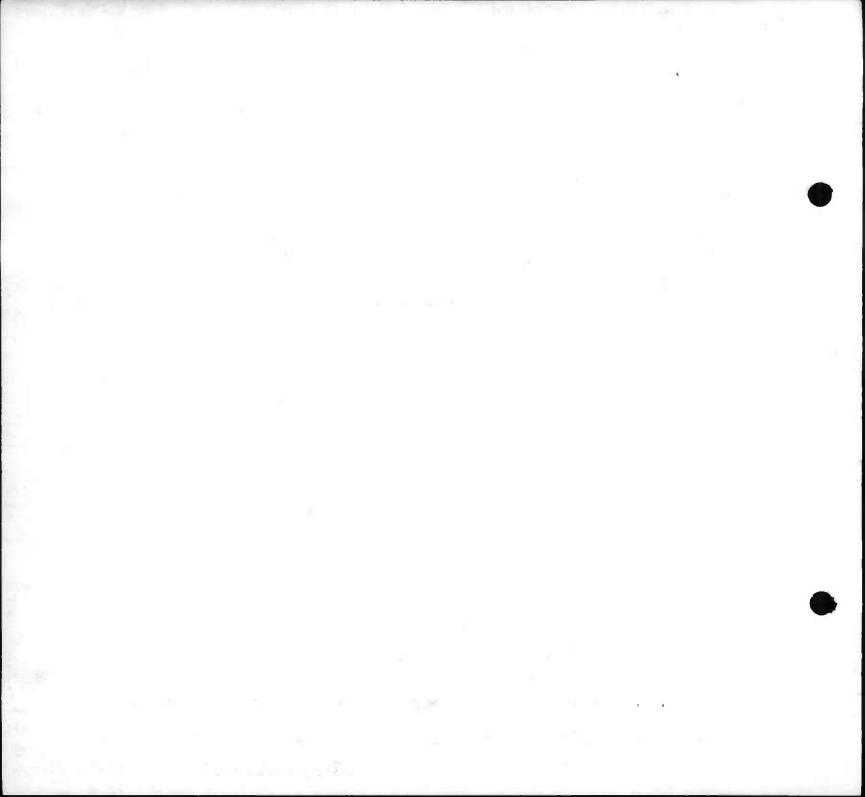
	68	3-52	78 CERTIFICA	TE OF DI	EATH	REG. NO	68-	- 5278	
BIRTH NO.	DECEASED _				2. DATE AND	HOUR OF DEATH	1	1/30	
(Type or Print		IFVI	N. L.		5	- 16- h	8	// 2	YM.
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	B. GOUNT	deceased lived. If	institution: resid	sence before odmi	(ssion)
FULL NAME	E OF (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	md		7	A	07	
IN STITUTION		/		C. CITY OR TOW	Himore		YES X		
1/4		11	1.1	E. STREET AND		7	IES [A]	NO [
\$201	1 Decours	110 9	PIA/	56	5 (14/Ver/	STI	eet	
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10	9.	WIDOWED		4-4	- 00	68			
	OCCUPATION (Give kind of world of world of working life, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	n country)	12. CITIZEN	OF WHAT COL	JNTRY?
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13. FATHER'S	NAME		//	14. MOTHER'S	MAIDEN NAMI				
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	eased Ever in U. S. Armed For known) (If yes, give wor or date		1 6. SOCIAL SECURITY NO.	17. INFORMANT	565	T. Lulve	2 ST. A	DDRESS BA	LTO
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	REC'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERA	L DIRECTOR	Schus	, , , , .	ADDRESS	
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VS 150-REV.	1/1/68								



BALTIMORE CITY HEALTH DEPARTMENT 5279

REG. NO	68	5279
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600	BIRTH NO. 68- 5279 CERTIFICATE OF DEATH REG. NO. 68- 5279
pital and of death Deceased to on the ath. Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) A. STATE B. COUNTY
in a hospi ng cause or cause; (5) D attendance ior to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR NOGATION) C. CITY OR TOWN D. INSIDE CHY LIMITS? YE NOTE: E. STREET AND NUMBER
contribution stermined or regular ceased principles or is made.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. IOA. USDAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11./ BIRTHPLACE (State of foreign cognity) 12. CITIZEN, OF WHAT COUNTRY?
direct or c j. (4) Undet h was in the dec	13. FATHER'S NAME GYEGORY PEIER TICHALING
if the can kind kind ed deat dance o	(Yes, no or unknown) (If yes, give wolf or dotes of service) SECURITY NO. 477-34-2690 W 1+ C APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
iner or his ner. Also, acture of a pronounc ular atten mbalmed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
exami exami (3) A fr n who in reg	ANTECEDENT CAUSES (B) PROMONIA DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)
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pital by re; (2) Bowhere the No phys	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NOR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NUMBER OF DEATH (notify medical examines)
the hosp any nature (except v and (6)	OF INJURY (APPROX.) While At Not While At Work 22. I certify that (1) (this hospital) attended the deceased from 19 0 ta 19 0 ta
tased to dent of ospital death)	that (1) (we) last saw the deceased alive an
was re An ac A. at a prior	23C. PHYSICIAN'S NAME (Type) B. J. Weskesser M.D. DEGREE M.D. DEGREE 24C. NAME of CREMATORY 24D. LOCATION (Stole)
the body was shows: (1) An was D.O.A. at deceased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole) BURIAL Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR: 25C. FUNERAL DIRECTOR ADDRESS ST. 25C. FUNERAL DIRECTOR ADDRESS ST. 25C. FUNERAL DIRECTOR ADDRESS ST.



	5280 CERTIFICA		D HOUR OF DEATH	
NAME OF DECEASED Type or Print)				
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PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	A. STATE B. COUN		titution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL O	OR INSTITUTION, GIVE STREET	Maryland		
OSPITAL OR ADDRESS OR LOCATION	SPITAL OR ADDRESS OR LOCATION)		D. INSIE	E CITY LIMITS?
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34 Bon Secours	Hosp	E. STREET AND NUMBER		
3.4 Bon Secours	nosp.	606 South Lehi	gh Street	
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		Pol to Md		U.S.A.
Retired Salslady		Bal to., Md.	M.E.	9
A LOUISE 3 HOME				
John Wesley Creamer		Lillie Connelly	7	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	5525 W. Nor	ADDRESS
Yes, no or unknown) (If yes, give war or dates of	service) SECURITY NO.	Mrs. Levenia Co	DOLD W. NOT	o Md 21220
No				APPROXIMATE INTERV
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TISE IN THE OBOVE COUSE (A) STOUNDERLYING CONDITION last. 1991 11 OTHER SIGNIFICANT CONDITIONS CONTRITOR TO THE DEATH BUT NOT RELATED TO THE TENDISEASE OR CONDITION GIVEN IN PART 1 (1904) 1904 DATE OF OPERATION 198. CONDITION OF CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 210. TIME (Month) (Doy) (Year) (House) 100 This is a second condition of the couses stoted and hour ond from the couses stoted conditions of the couses conditions of the couse conditions of the cous	Sullivan Degree	20A. AUTOPSY? (Yes or No NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ ile 19 6 and th view the body ofter deoth. rending Med. Director 23D. ADDRESS 1/29 5 Place REMATORY 24D. L Bal	IN CERTIFYING CAL (If in Boltimore URY OCCUR? 19 62 to not in (my) (aur) apir OOA, Bon Sa Shaff Phys Shaff OCATION (Cit.	JSES OF DEATH? City, give exoct location) 5 - 18 19 68 nian death occurred an the Excuss Hage Eggs 23B, DATE SIGNED 5 - 70 6 F



BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Baltimor e
D. INSIDE CITY LIMITS? NO If Under 24 Hrs. Hours Min. If Under 1 Yr. Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? USA 2816 MANOF APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

(If in Baltimare City, give exact location)

...and that in (our) opinion deoth occurred on the dote

23 B. DATE SIGNED

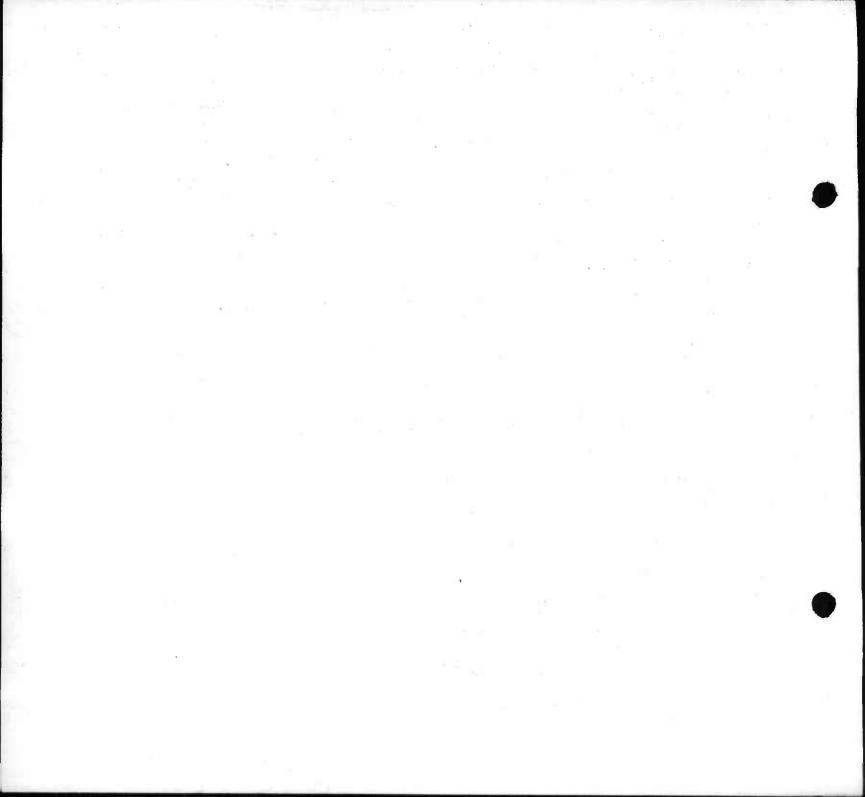
(State)

25B. NAME OF REGISTRAR

ADDRESS

VS 150-REV. 1/1/68

3



written

Burial

25A. DATE REC'D BY HEALTH

5-21-68

			BALTIMORE CITY	HEALTH DEPARTMENT		00	T000
		68- 5282	CERTIFICA	TE OF DEATH	REG. NO.	00-	5282
	BIRTH 1, NAA	NO. ME OF DECEASED			D HOUR OF DEATH		
	(Туре	Charles A. Rouiller	Man.	10 1068	1	Μ.	
	3. PL 4	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe A. STATE B. COUN	re deceased lived. If inst	itution: residence b	efore odmission)
	HOSP	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Maryland c. city or town	4.00	E CITY MITS	
	00			Baltimore E. STREET AND NUMBER		YES X	0 📗
;		4103 N.Rogers Avenue		4103 N.Roger	s Avenue		
3	5. SEX		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. I Months: Doys H	f Under 24 Hrs.
	Mal	White WIDOWED	DIVORCED	6-10-1883	84		
		SUAL OCCUPATION (Give kind of work 108, KIND OF BL	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF W	HAT COUNTRY?
5		uring most of working life, even if retired) esearch Chemist		New Mexico		USA	
		THER'S NAME		14. MOTHER'S MAIDEN NA	ME	USA	-
2							
5	Aug	gust E. Rouiller ss Deceased Ever in U. S. Armed Forces? 16	SOCIAL	Jeanie 17. INFORMANT		ADDRESS	
;	(Yes, no	o or unknown) (If yes, give wor or dotes of service)	SECURITY NO.			_	
	NO			George Rouille	er-6418 Dogv		WATE INTERVAL
5	18	2001/1	CAUSE OF DEATH	1			NSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		8	1 516	22	
	(1	This does not meon the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE JAVIATIONS	ulier /	7	
	h	eorl loilure, osthenio, etc. Il means the diseose,	DOL TO, OK AS I	Consequence or.			
	"	ANTECEDENT CAUSES	(1)	O. T. Oh	Mila	1111	
ט ט			(B) WACC	A CONSEQUENCE OF:			2
200	ri	DISEASES OR CONDITIONS, if ony, giving se to the obave couse (A) stating the INDERLYING CONDITION lost.	(c) - Dr.	enler of the	sterrojelin	rich	
		260X II	• • • • • • • • • • • • • • • • • • • •				
		THER SIGNIFICANT CONDITIONS CONTRIBUTING				- 1	
	ATI	O THE DEATH BUT NOT RELATED TO THE TERMINAL ISEASE OR CONDITION GIVEN IN PART 1 (A).					
	ERTIFIC	PA. DATE OF OPERATION 198. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDE SES OF DEATH?	ERED
perore	U 21	A. ACCIDENT WAS UNDERLYING 21B. PL R CONTRIBUTING CAUSE OF EATH (notify medical examiner)	ACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact loc	ation)
	D 21		IJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
gaulo	>	FINJURY APPROX.) While Work	At Work			1	
	2			1.2111	19/00 to 1	11 4 4 15	7 19 65.
0		2. I certify that (1) (this hospital) attended the	May 18	14.0	natin (my) (our) oplni	and delay	
0		not (I) (we) lost saw the deceased alive on	/	/ - 0	natin(my) (out) opini	ion deoth decurr	ed an the dote
ST		nd haur ond from the couses stated above. (1) (We) (did) (did nat) v	iew the body ofter deoth.		23B, DATE SIGNED	
approval must	23	and signature of alle	OEGREE Atte	nding Med.	Staff Phys.	5 - 2	0-68
0 ^ 0	23	BC. PHYSICIAN'S	, VEGREE	23D. ADDRESS	11/1/	700	
pr	1	160 m 25 6 Abbs	II DEGREE	7509 Later	ly beign	48-	
5		BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily)	E of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, lown, or county)	(Stote)

VS 150-REV. 1/1/6B

No. 1 Carlo - 1 - 1 - 1

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

68- 5283

BALTIMORE CITY HEALTH DEPARTMENT

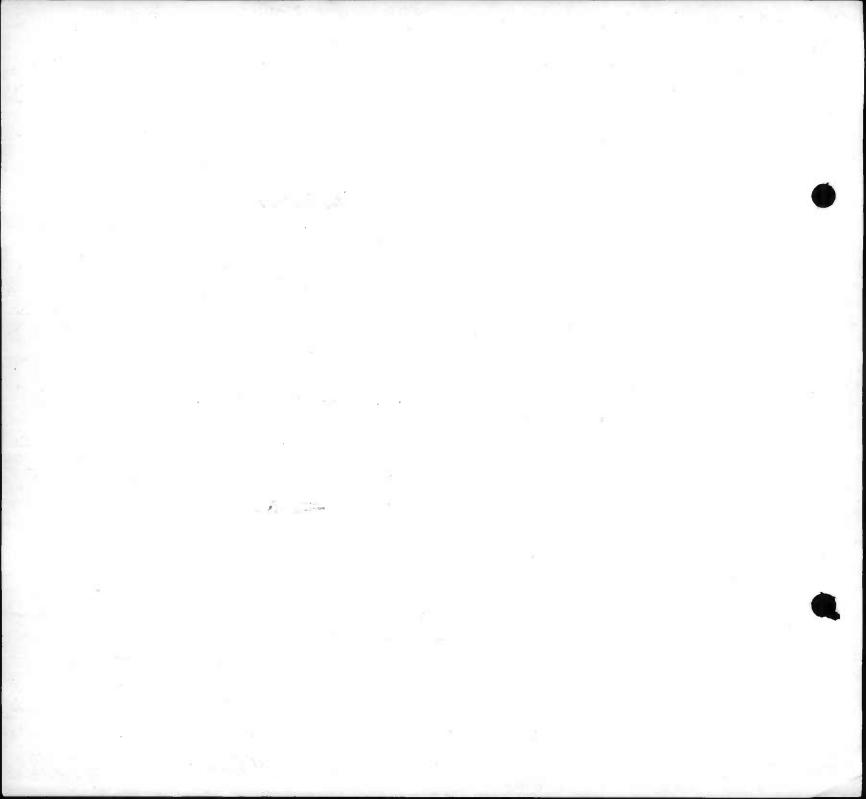
REG. NO	68	5283

	De or Print) JOITH LEWIS		2. DATE AND HOUR OF	10:30 Q M
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. Il institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SINAI HOSPITALOR 42			C. CITY OR TOWN E. STREET AND NUMBER 108 Ramblewase	VES (1)
	MALE CAUCASIAN WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In lost birthdoy)	eors If Under 1 Yr. , II Under 24 Hrs.
	USUAL OCCUPATION (Give kind of work 108, KII a during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign country)	12, CITIZEN OF WHAT COUNTRY
3.	DONALD A.	Lewis	14. MOTHER'S MAIDEN NAME	
S. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	DONALD A.Lewis	JAMES ADDRESS
	18.74/.01	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart loiture, asthenia, etc. It means the disingury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	seose,	USE HYDROCEPHALUS A CONSEQUENCE OF: D-CHIARI MALFORM	4 mos.
	rise to the obove couse (A) stoling			
ATION	rise to the obove couse (A) stoting UNDERLYING CONDITION lost. 75 /, 2 I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)		PAIR 41/2m.
4	UNDERLYING CONDITION Iosi, 75 /, 2 II OTHER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	TING INAL FOR WHICH OPERATION OUGHTRIC SHULT	DO-MASCOCOSTS RE	PAIR 41/2 m.
AL CERTIFICA	UNDERLYING CONDITION Iosi, 75 /, 2 II OTHER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	TING INAL FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20B. IF YE NO IN CERTIF	PAIR 4/2 m.
ICAL CERTIFICA	UNDERLYING CONDITION Iosi, 75 /, 2 I OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION WAS PERFORMED TO THE PROPERTY OF CONTRIBUTING CAUSE OF	FOR WHICH OPERATION FOR WHICH OPERATION HYDROCEDHILLS 21B. PLACE OF INJURY (e.g., home, form, foclory, sheet, oetc.)	20 A. AUTOPSY? (Yes of Not IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
MEDICAL CERTIFICA	UNDERLYING CONDITION lost, 75 /, 2 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED TO CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21 D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY)	FOR WHICH OPERATION FOR WHICH OPERATION JOHN FOLC: SHUNT HYDROCEDHALUS 21B. PLACE OF INJURY (e.g., ohome, form, foctory, steet, ohome, foctory, steet, ohome, form, foctory, steet, ohome, form, foctory, steet, ohome, foctory, steet, ohom	20 A. AUTOPSY? (Yes of No) 20 B. IF YE NO in or obout 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR	S, WERE FINDINGS CONSIDERED VING CAUSES OF DEATH? In Boltimore City, give exoct locotion)
MEDICAL CERTIFICA	UNDERLYING CONDITION lost, 75 /, 2 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attention that (1) (we) lost sow the deceased aliveral conditions on the couses stated observed.	TING INAL FOR WHICH OPERATION O'SHAT RIC SHANT HADROGEDHACS 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceosed from e on 5-19	20 A. AUTOPSY? (Yes of No) 20 B. IF YE IN CERTIF IN CERT	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH? In Boltimore City, give exoct location) 19 19 (our) opinion death occurred on the date
MEDICAL CERTIFICA	UNDERLYING CONDITION lost, 75 /, 2 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attention (1) (we) lost sow the deceased aliverage of the deceased of the control of the deceased of the de	TING INAL FOR WHICH OPERATION OUTHOUS 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, o etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceosed from ove. (I) (We) (dld) (did not)	20 A. AUTOPSY? (Yes of No) 20 B. IF YE IN CERTIF in or obout 21 C. WHERE DID Injury OCCUR? 21 F. HOW DID INJURY OCCUR 21 F. HOW DID INJURY OCCUR 19 68 ond that In (my) view the body ofter death.	S, WERE FINDINGS CONSIDERED VING CAUSES OF DEATH? In Boltimore City, give exoct location)
MEDICAL CERTIFICA	UNDERLYING CONDITION lost, 75 /, 2 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attention that (1) (we) lost sow the deceased aliveral conditions on the couses stated observed.	TING INAL FOR WHICH OPERATION FOR WHICH OPERATION JUNE 12 PLACE OF INJURY (e.g., home, form, foctory, sheet, oetc.) 21E. INJURY OCCURRED While At Not White At Work Moded the deceosed from e on 5-19 DEGREE AMPPhy	20 A. AUTOPSY? (Yes of No) 20 B. IF YE IN CERTIF IN CERT	S, WERE FINDINGS CONSIDERED VING CAUSES OF DEATH? In Boltimore City, give exoct location) 17 1968 (our) opinion death occurred on the date

VS 150-REV. 1/1/6B

21 1968

Elsworth Ham wast - 4600 Liberty Hohts

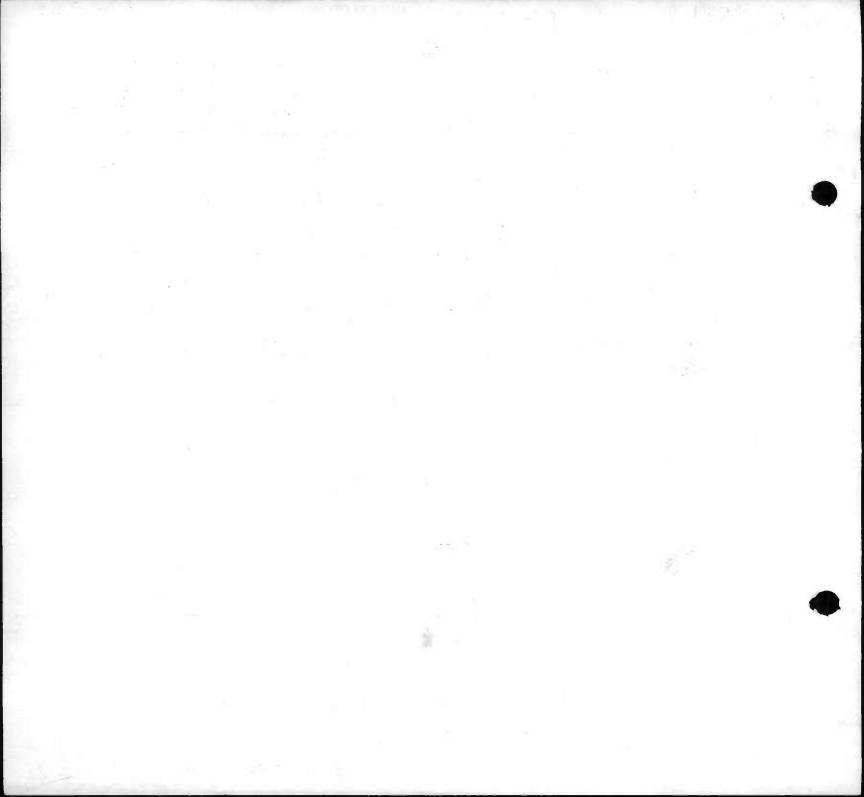


0	5904	BALTIMORE CITY HEALTH DEPARTMENT
0-	0604	CENTIFICATE OF DEATH

DALIMONE CITT HEALIN DE	-I MKIMEITI
CERTIFICATE OF	DEATH REG.

68-

	CERTIFICATE OF DEATH
7	I, NAME OF DECEASED A STAND HOUR OF DEATH.
-	Type or Print)
1	Henry Saverwald May 20 1968 MON- 11:45 A M. 3. PLACE IN BALTIMORE, MALYLANO, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY ANNE ARUNGO
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Mary and
	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN 11 THE COME D. INSIDE CITY LIMITS?
Ш	University of Maryland Hospital Bitter 1997 YES H NO
	E. STREET AND NUMBER // TINIS
	3/ 204 Twinoaks Rd 0/0/0
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthdoy) Months; Doys Hours; Min.
Ш	Male white WIDOWED DIVORCED DEC 12 1907 60
	10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. PARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
H	(A & Do as to b Blog Confractor Da Ofemere Mar, land U. S. A.
	and delivery the state of the s
Ш	13. FATHER'S NAME"
Ш	GOOTGE F. SAURAWALD Ratherine Blum
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown (If yes, give war or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT CHARLIC MAR SHURR WALL) 21090
	CAUSE OF DEATH
	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Ш	(This does not mean the mode of dying, e.g., Due TO, OR AS A CONSEQUENCE OF: (A) IMMEDIATE CAUSE IN Trace rebral Hemorrhage 3 hours. Due TO, OR AS A CONSEQUENCE OF:
Ш	near foliare, osineria, etc. if means me alsease,
	injury or complication which coused death.)
	DISEASES OR CONDITIONS, if ony, giving (B) Hy De Tension DUE TO, ORIAS A CONSEQUENCE OF:
H	
. 11	rise to the obove couse (A) stating the UNDERLYING CONDITION last, (C).
Ш	
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
	☐ ITO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Н	19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 120A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, fortory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.)
	O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURED 21 F. HOW DID INJURY OCCUR?
	OF INJURY While AI Not While
	Work AT Work
	22. I certify that (1) (this haspital) attended the deceased from May 20 19 68,
	that (1) (No) last saw the deceased alive an May 20 19 6 9 and that in (my) (No) apinion death accurred on the date
	and havr and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE
Ш	Thomas R. Pinco MIDDEGREE Phys. Attending Phys. Director Phys. 20 May 1968
	23C. PHYSICIAN'S 23D. ADDRESS
	NAME (Type) D. D. M.
	Thomas R. Price M. J. OEGREE UNIVERSITY of Mary land Hospilal
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Barcal - May 23-1968 New Cashedral Com. Balte mel
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECT CURTIS E, EVANS ADDRESS
	MAY 21 1968 (R. O. B) & STORWING (TRACES 1400S CHARLESS) was 2/230
1 1	/S 150-REV. 1/1/6B



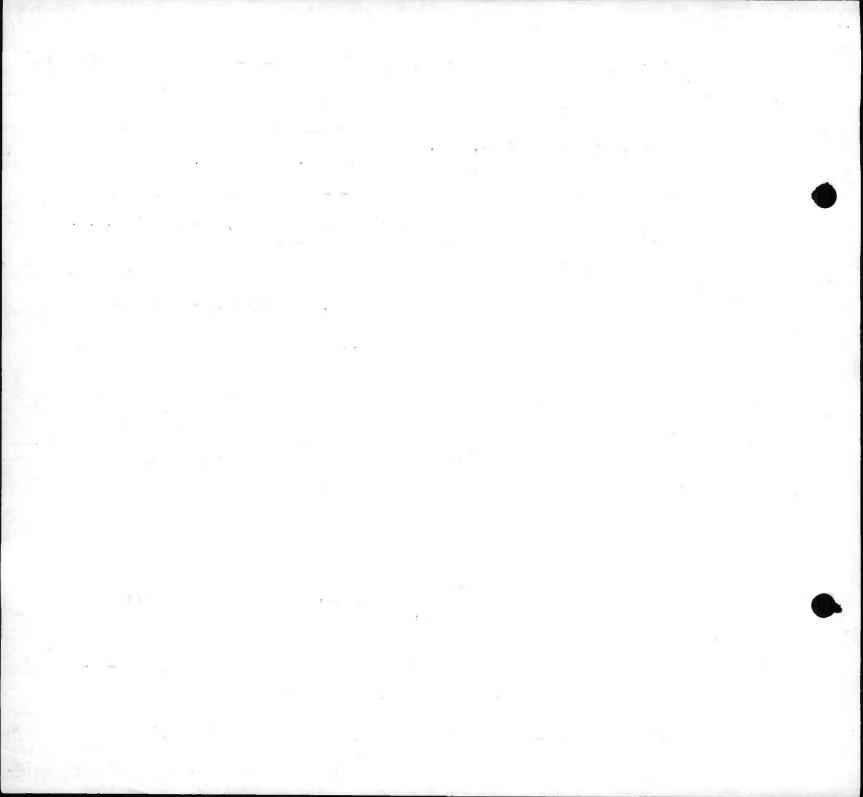
the body wos released to the hospital by o medicol exominer. Also, if the direct or contributing cause of deoth shows: (1) An occident of any nature; (2) Body burns; (3) A frocture of any kind; (4) Undetermined couse; (5) Deceased

00-	5905	BALTIMORE CITY HEALTH DEPARTMENT
00.	UKOU	CERTIFICATE OF DEATH

CEDT	IFIC		OF	DEA	TI
CERT	IFIC	AIE	Or	DEA	VIH

REG. NO.	68-	5285
		01900

I. NAME OF DECE		CERTIFICA	ATE OF DEAT	П	00 -0100
(Type or Print)	ASED	/22 2		TE AND HOUR OF DEA	5:40 p:m
Ale	ex Johnson	(Alexander)		5-17-68	
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B.	COUNTY	f institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET ATION)	Maryland c. CITY OR TOWN		NSIDE CITY LIMBS?
29			Baltimor		VES NO
2/ !	Provident Ho	ospital, Inc.	E. STREET AND NUM		
				ount Street	
5. sex Male	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bithday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	Negro	WIDOWED DIVORCED] 4-1-05	05	
	PATION (Give kind of work vorking life, even if retired)	10B, KIND OF BUSINESS OR INDUST	111		12. CITIZEN OF WHAT COUNTR
Unempl	oved		North Car	olina, Warre	neon was as
13. FATHER'S NAN	1E		14. MOTHER'S MAIDE	NAME	
J	OHN W. JOHN	NSON	EL	LA JOHNSON	
S. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For-	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mrs. Ella	Johnson - D	aughter Same
18. lafe /	0.014-0	5 CAUSE OF DEA			APPROXIMATE INTERVAL
DISEASES Onise to the UNDERLYING OTHER SIGNIFIT TO THE DEATH	R CONDITIONS, if obove couse (A) is CONDITION lost. II CANT CONDITION S CONDITIONS CONDITION GIVEN IN PAR DOMBITS OF PAR DOM	ony, giving Stoling the (C)	AS A CONSEQUENCE OF	+ Sypula	5 yrs.
19A. DATE OF		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B, IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCIDEN	TING CAUSE OF	21 B. PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCC	DID (If in Bolti	more City, give exact location)
₹ DEATH (notify	medicol exominen				
DEATH (notify		(Hour) 21 E. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
DEATH (notify		While At Not W	hile	ID INJURY OCCUR?	
DEATH (notify 21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	While At Not W	hile 🔲		ny 1768
DEATH (notify 21D.TIME OF INJURY (APPROX.) 22. I certify	(Month) (Day) (Year)	While At Not Work At Wo	hile D	1968 _to_Ma	- M
DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	(Month) (Day) (Year) that (I) (this haspital last saw the decease	While At Not Work At Wolf Not Work At Wolf Not Work At Wolf Not Work At Wolf Not Work At Work	hile	1968 to Me	- M
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68- 5286 CERTIFICATE OF DEATH BIRTH NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INTIDE CITY LIMITS? Itemor E. STREET AND NUMBER 5. SEX 8. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. If Under MARRIED NEVER MARRIED Months Days last birthday Hours 0 WIDOWED DIVORCED TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) 13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. -0 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ACUTE (A) IMMEDIATE CAUSE LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving lhe abave cause (A) stating the UNDERLYING CONDITION last. (c)... 420,1 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) EN IN PART 1 (A).

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WILLIAM UNITED TO STATE OF THE STATE OF TH 19A-DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? MAY 16, 1968 PRIZE 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If In Baltimare City, give exact lacation) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natify medical examiner) etc.l 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Wark At Wark 22. I certify that (I) (this hospital) attended the deceased from 68 that (1) (we) last sow the deceased olive on... 19 and that in(my) (our) opinion death occurred on the date ond hour and fram the causes stated above. (1) (We) (did) (dld not) view the body after death. 23A. EIGNATUR 23 B. DATE SIGNED Attending Phys. Med. Phys. Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) CHARLES 24A. BURIAL CREMATION, 0 CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or caunty) (State) REMOVAL (Specify) -20-40 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS DIRECTOR

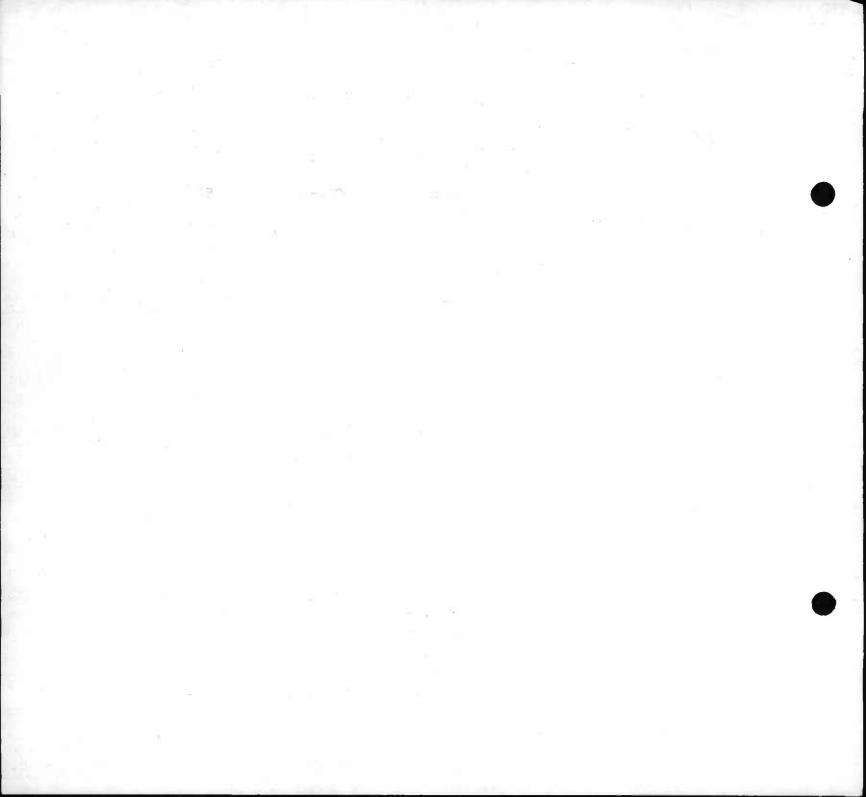
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	00-	DKO

IRTH NO. NAME OF DECEASED ype or Print)		2. DATE AND HOUR OF DEATH	
Hopkins, Ina		May 18th, 1968	2:10 A M
. PLACE IN BALTIMORE, MARYLAND, WI		A. STATE B. COUNTY Maryland	nstitution: residence before admission)
HOSPITAL OR ADDRESS OR LOCAL	AL OR INSTITUTION, GIVE STREET		
Saint Agnes Ho	spital	Baltimore	SIDE CITY LIMITS?
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Caton & Wilken	21229	22 N. Mount Olivet L	ane
SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours! Min.
F N	WIDOWED Sep DEVORCED	3/21-1916 lost birthdov 52	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Domestic Work		Columbia, Delaware	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
WILLIAMS DO	OCKINS	INA DOCKINS	
, Was Deceased Ever in U. S. Armed Forc es, no or unknown) (If yes, give war ar dates	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	221-12-2966	Mrs. Ilene Clark 22	N. Mt. Olivet
18. 14 / 12 9 1	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
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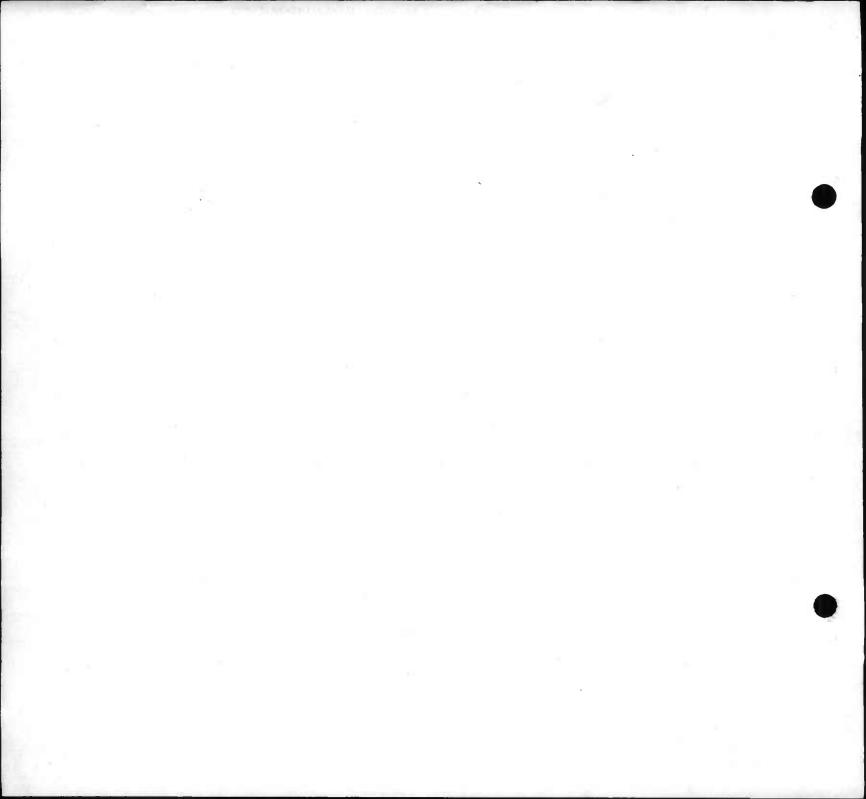
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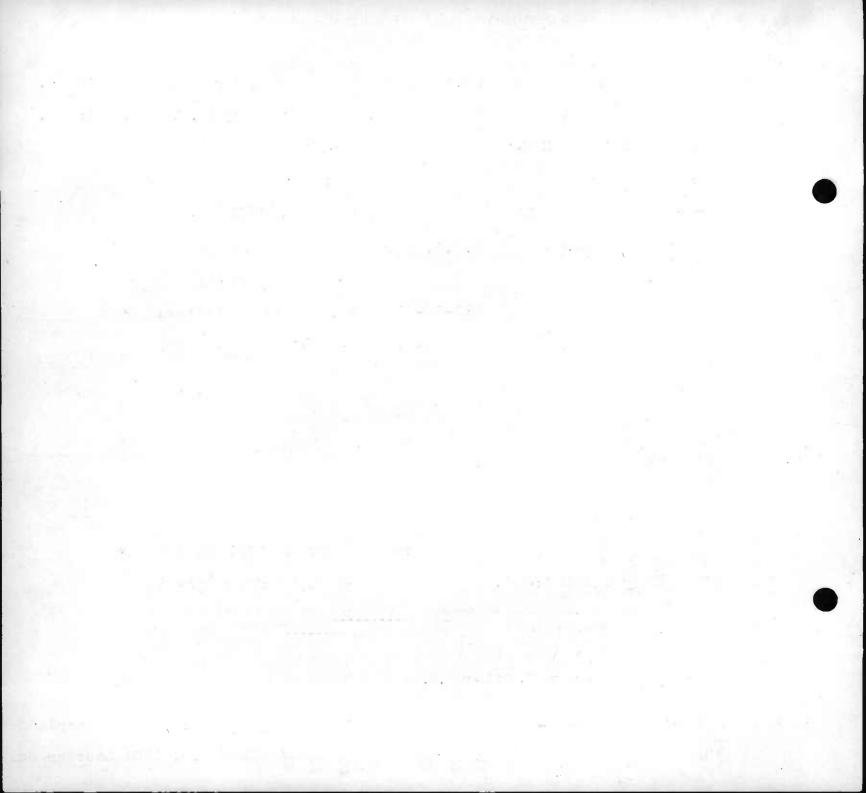
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MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At More Work Work 22. I certify that the (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 19	g, in or obout 21 C. WHER office bldg., INJURY Of	Tes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct location)
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While A1 Work 22. I certify that ##(this hospital) attended the deceased from 22. I certify that ##(this hospital) attended the deceased from	g, in or obout 21 C. WHER office bldg., INJURY Of	Tes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct location)
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (C) (C) (C) (A) (C) (A) (C) (A) (C) (A) (C) (A) (A	g, in or obout SIC. WHER office bldg., INJURY Of	Tes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location) 1968
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. TIME (Month) (Doy) (Year) (Hour) 21B. PLACE OF INJURY (e home, form, foctory, stree etc.) While A1 Work Work 22. I certify that the (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on and haur and from the causes stated abave. (I) (We) (did) (37d not 23A. SIGNATURE	20 A. AUTOPSY? (1) g., in or obout PIC. WHER office bldg. INJURY Of 21 F. HOW While 19	Tes or Not 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location) 1968
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) (APPROX.) (APPROX.) (APPROX.) (APPROX.) (C) (C) (C) (A) (C) (A) (C) (A) (C) (A) (C) (A) (A	g, in or obout SIC. WHER office bldg., INJURY Of	Tes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location) 1968
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While A1 North Work 22. I certify that the (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on and haur and from the causes stated abave. (I) (We) (did) (37d no 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	20 A. AUTOPSY? (1) g., in or obout PIC. WHER office bldg. INJURY Of 21 F. HOW While 19	Tes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location) 1968
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CHORD (Hour) 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21B. PLACE OF INJURY (etc.) 12B. INJURY OCCURRED While A1 Was accurately and the deceased from the causes stated abave. (I) (We) (did) (did) (did) 12B. PLACE OF INJURY (etc.) 12B. PLACE OF INJURY (etc	20 A. AUTOPSY? (1) g., in or obout 21 C. WHER office bldg., INJURY Of 21 F. HOW Vhile ork 19 19 Attending Med. Phys. 23 D. ADDRESS	Tes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 G. Experiment of the state of the sta
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While A1 North Work 22. I certify that the (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on and haur and from the causes stated abave. (I) (We) (did) (3Td ac) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME of, CEMETERY or PREMOVAL (Specify)	20 A. AUTOPSY? (1) g., in or obout 21 C. WHER office bldg., INJURY Of 21 F. HOW Vhile ork 19 19 Attending Med. Phys. 23 D. ADDRESS	Tes or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 C. Vinion death occurred on the
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. ACCIDENT WAS UNDERLYING CHORD (Hour) 21A. ACCIDENT WAS UNDERLYING CHORD (Hour) 21B. PLACE OF INJURY (Home, form, foctory, stree etc.) 21B. PLACE OF INJURY (Home, form, foctory, stree etc.) While A1 CONTRIBUTION (APPROX.) While A1 COURTED While A1 COURTED While A1 COURTED Work Work 22. I certify that the (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on that (I) (we) last saw the deceased alive on that (I) (We) (did) (did not 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE PER COURTERY OF THE PART	g, in or obout PIC. WHER office bldg. INJURY Of 21F. HOW While Onk 21F. HOW While Onk 21 y view the body after Direct 23D. ADDRESS	Tes or Not 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? are City, give exoct location) 19 G. V. pinion deoth occurred on the 23 B. DATE SIGNED City, town, or county) (Stot
MEDICAL CERTIFICATIO	UNDERLYING CONDITION last. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While A1 North Work 22. I certify that the (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on and haur and from the causes stated abave. (I) (We) (did) (3Td ac) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B. DATE 24C. NAME of, CEMETERY or PREMOVAL (Specify)	20 A. AUTOPSY? (1) g., in or obout 21 C. WHER office bldg., INJURY Of 21 F. HOW Vhile	Tes or Not 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exoct location 195. Considered on the 23B, DATE SIGNED



C-640

68- 5289 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 68- 5289
BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print) CHARLES CARROL (CARROLL)	2. DATE Known Month Doy Year Hour OF Estimoted May 19,1968 2:10 A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 19, 1968 2:10 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
39 PROVIDENT HOSPITAL	A. STAMaryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN DAINSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore VES NO
9. DATE OF BIRTH 1-5-43 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months; Days Hours Min	E. STREET AND NUMBER I 3607 Windsor Mill Road
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Maryland WHAT COUNTRY?	CHARLES ROBINSON
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	
Unemployed tree if retired)	BEATRICE CARROLL
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1B. INFORMANT ADDRESS
219-38-438	Mrs. Beatrice Williams Same
19. CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY Gunshot	wound of Lung
LEADING TO DEATH	CAUSE
	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
(C)	
CC)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
8 2	yes
UNDERLYING OR CONTRIB. home, form, foctory, street, off	., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. SLICE 22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	
OF INJURY	NI WALLE
(APPROA.) May 19,1908 2:00 m. WORK AT	work shot during altercation
I certify that I held an Inquiry Inspection A	utopsy 🙀 . and that an this basis, death in my apinian
resulted from: Natural causes \ Accident \ Suic	ide Homicide Undetermined manner
El Athlia	CHIEF MEDICAL EXAMINER
ACTUAL AC	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER May 19, 1968
NAME (Type)	11dy 17, 1700
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER' REMOVAL (Specify)	Y or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 5-23-68 Arbutus M	emorial Park Baltimore, Marylan
25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR.	25C. FUNERAL DIRECTOR ADDRESS
VE 151 PEV 1/1/10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A La Trota End of
VS 151-REV. 1/1/68 N 8 6 1 2	



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BIRTH I			68	528	U CER	TIFICA	TE O	F DEAT		REG. NO.			
Type o	E OF DEC		LL, TOM	IE (N	MI)	(THOM	AS)	2. DA1		18-68	тн	4:25	P M.
3. PLA	CE IN BAL	TIMORE, MARY	LAND, WHERE	PRONOU	NCED DEAD)	4. USUA A. STAT		(Where de	ceased lived.	f institution:	residence before	odmission)
FULL N HOSPIT		Veterans 3900 Loc Baltimor	h Raven	trati Blvd.	on Hos	street pital	Ba.]	ryland or town Ltimore ET AND NUMB 3 N. Bri		16	VES P		
5. SEX	le	Negro		ARRIED O	NEVER M	ARRIED ORCED	8. DATE	OF BIRTH	9. A	GE (In years birthd 72	If Und Months	Doys Hours	der 24 Hrs. Min.
done du			ind of work 10 B.				Via	PLACE (Stote o	Boyk			U.S.A.	COUNTRY?
Ju	lius !	Powell					Sal	lly Jarr	ett				
(Yes, no	Deceosed or unknown	(If yes, give w	ar or dates of	service)	1 6. SOCIAL SECURITI 217-05		17. INFO			cords	loch Re	ADDRESS	21218
DI:	nis daes r arl failure, ury ar can SEASES C	SE OR CONDILEADING TO the selection of t	DEATH made of dyin II means the h caused deal CAUSES NS, if any, use (A) stat	ng, e.g., disease, lh.)	(A) IMI	MEDIATE CAU E TO, OR AS arcinor ung wit lobus E TO, OR AS	CONSECUENCE OF MU	onia, Ri nfluent right i ltiple M lus, Left	etast	ower lo	the	? week e about	: 1
T TO	THE DEAT	CANT CONDIT H BUT NOT REL ONDITION GIV OPERATION	ATED TO THE TE	RMINAL A). ON FOR W	HICH OPER	ATION	20 A.	AUTOPSY? (Yes	or No. 20	DB. IF YES, WE	RE FINDING CAUSES OF	S CONSIDERED DEATH?	
U 21 A	CONTRIBU	NT WAS UNDE	EOF	21 B. I home etc.)	PLACE OF II	NJURY (e.g., in ory, street, of	or obout fice bldg.,	21 C. WHERE D	JR?	(If in Balti		ve exact location)
21 C OF	PPROX.)		(Year) (He		INJURY OC	Not While	· 🗆	21 F. HOW DII	D INJURY	OCCUR?			
the	it 11) (we)	that (1) (this	deceased al	ive on	5-	18			nd that i	68 ta	5-18 opinion dec	oth occurred o	on the dote
23A	SIGNATU	Paul	men			Atte Phys	nding _	Med. Director			1	TE SIGNED 5-19-68	
230	NAME (T	y Allan	Portnoy	M.I).	DEGREE	3900		ven E	llvd., B	alto.,	Md. 212	18
RE	urial cre emoval (urial		-22-68	Ba	lto.	Natior	al C	Cem.		ltimor	(City, town,	Maryl	(Stole)
25A. D.	ATE REC'D	BY HEALTH D	68 (2.0)	NAME OF	REGISTRAR	BALLY .		RTON &		TT F.H	. 1703	ADDRESS Laure	ns St

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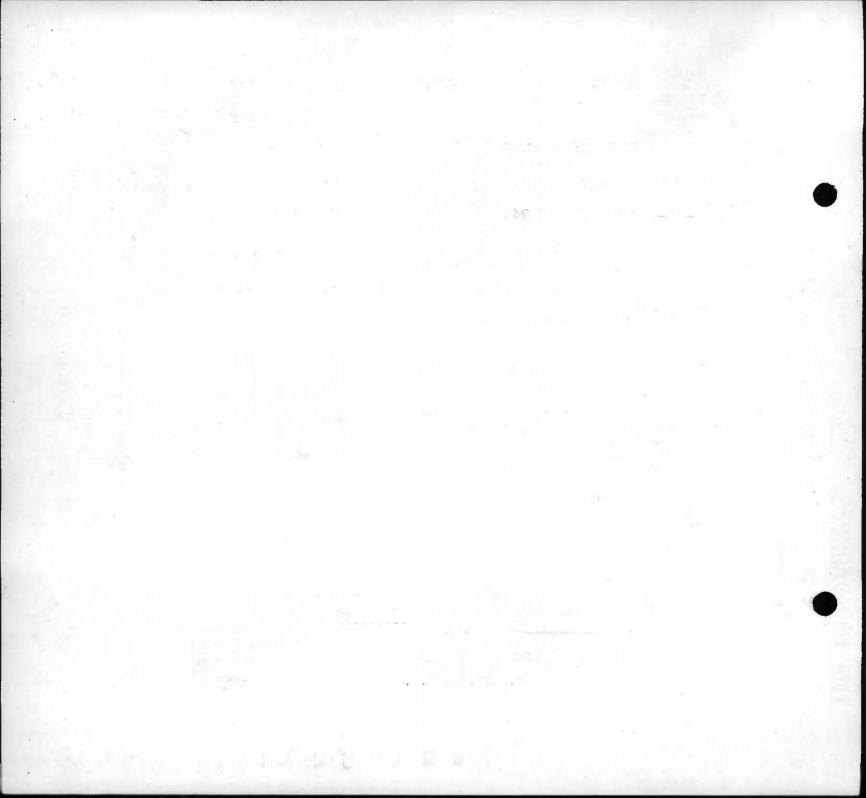
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68- 5291 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	6	8	5	2	9	1
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BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) CATHERINE WILLIAMS	OF Estimated May 18, 1968 Year Hour 6:10 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 18, 1968 6:10 P. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
UNIVERSTIY HOSPITAL (DOA)	A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	Baltimore D. INSIDE GITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 5-16-1934	E. STREET AND NUMBER 1913 McKean Avenue
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTR' dane during mast of warking life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18 INFORMANT ADDRESS
(Yes, no ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	John Young - 815 Vine ST.
19. S A S 9. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE (Acute alcoholism
	AS A CONSEQUENCE OF:
injury ar complication which caused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
II I UNDERLYING CONDITION LAST	
9 322/10 II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes ar Na)
")	yes
ZZA. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimare City, give exoct location)
UNDERLYING OR CONTRIB- home, farm, factory, street, office UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Yeor) (Haur) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE O
23.	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	topsy ond that on this basis, death in my opinion
resulted from: Natural causes Accident Suicio	
ACTUAL DO. STEPLY	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE . M.C	
EXAMINER'S Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER LJ May 19, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, ar county) (Stote)
RyRial 5-26-68 Rock Hope	thurch Cem. Klain S.C.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
6 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O MORTON & DUDTI 1701 LAYRENS
VS 151-REV. 1/1/68	Je i de la companya d



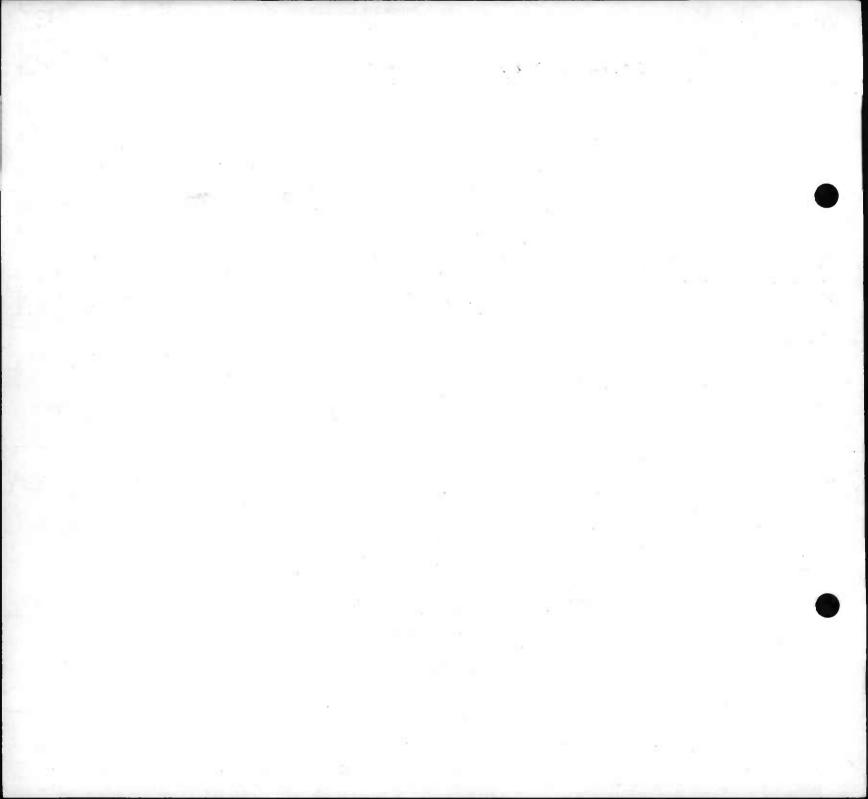
a hospital

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death

	TH NO. 68- 5292 CERTIFICATE OF DEATH REG. NO. 68- 5292
	TH NO. AME OF DECEASED 2, DATE AND HOUR OF DEATH
	pe or Print) Tours Mackey (Mackey) 5/19/48 1915 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) A. STATE B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)
HC IN	STITUTION
6	SINAI HOSPITAL OF BALTIMOVE INC. BALTIMORE YES NO
4	2 3400 ST. ANDROSE AVEZ 15
S. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BITTH 9. AGE (In years lost birth lost birth Days Hours Min.
	M N WIDOWED DIVORCED 4 19 25 43
	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY
10	· Bottling Co. BALTIMORE U.S.
13.	FATHER'S NAME
15/	Was Deceased Ever in U. S. Armed Forces? It 16. SOCIAL 17. INFORMANT ADDRESS
	s, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
_	18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) IMMEDIATE CAUSE House land 20 days
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above cause (A) stating the
	UNDERLYING CONDITION Tost. (CX.)
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ICATI	
ERTIFIC	198. CONDITION FOR WHICH OPERATION 208. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U	
CAL	DEATH (notify medical examiner) etc.)
MEDI	OF INJURY
>	(APPROX.) While At Work At Work
	22. I certify that (1) (this hespitel) attended the deceased from \$1/168 1968 to \$1/17/68 1968
	that (1) (we) last saw the deceased alive an 5/19/68 19 CS and that In(my) (cor) apinion death accurred on the date
	and haur and from the causes stated above. (1) (WZ) (did) (did not) view the bady after death.
-	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff
	23C. PHYSICIAN'S 23C. PHYSICIAN'S 23D. ADDRESS
	NAME (Type)
24/	MADC, LOWEN DEGREE SIN AI HOSA (TAL) A. BURIAL CREMATION, 1248. DATE 124C, NAME of CEMETERY OF CREMATORY 124D, LOCATION (City, town, or county) (State)
	REMOVAL (Specify)
25/	A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR / ADDRESS
	MAY 21 1968 Plate & January O BORFON & DYETT 1701 LAGRENS

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CTOR: IMPORTANT	aminer or his assistant if death occurred in a hospital and aminer. Also, if the direct or contributing cause of death A fracture of any kind; (4) Undetermined cause; (5) Deceased who pronounced death was in regular attendance on the deceased prior to death. Such
O	
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O	SBAZI

0 prior disposition is made. deceased the OD or final attendance balmed gular em are 3 physician before the remains chief medical physician the 0 the 2 where to the hospital å nature; 6 obtained 9 (except pup any pe hospital death) must accident 0 approval 0 at d Vs: (3) deceased written ap the body shows: Was

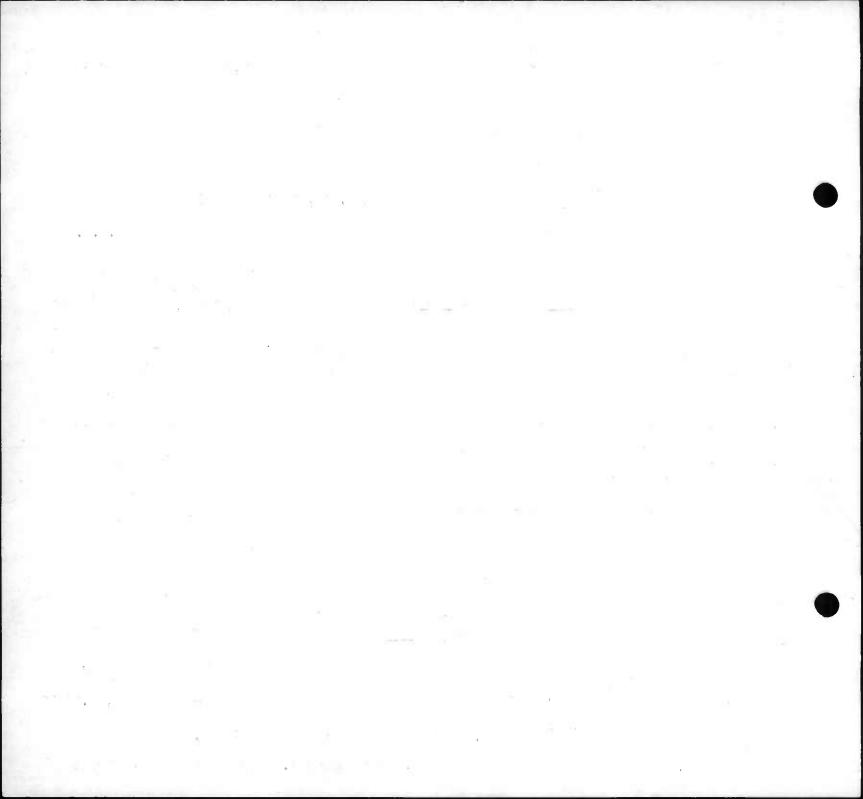
Burial

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT 68- 5293 REG. NO. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) John Stanley Giza May 19,1968 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A, STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore 21231 YES X NO 2221 Gough Street E. STREET AND NUMBER 2221 Gough Street 6. RACE 5, SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 7. MARRIED NEVER MARRIED Hours lost birthdoy Male White Male White WIDOWED DIVORCED Oct. 10. 1894. WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Stove Factory Poland Retired-Foundry Foreman U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Giza Catherine Dudek 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Miss Rita Giza 2221 Gough Street #21231 No 5-05-4090 CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 7/10/67 Arteriosclerotic Cardio-LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. II means the disease, Vascular Disease injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the 11/4/67 Tuberculesis Pulmonary UNDERLYING CONDITION last, 422.1 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 1198 CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED None OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examined MEDIC (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work 19 68 July 10 April 22, I certify that (I) (IDEXIDECTAL) attended the deceased from 19 68 that (1) 106) last saw the deceased alive an April and that in (my) (app) apinlan death accurred an the date and haur and from the causes stated above. (1) (Ma) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. 19,1968 Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Ton Joseph F. Drenga 209 South Chester St- Baltimore, Md. 21231 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24D. LOCATION

5/22/68 Baltimore, Maryland St. Stanislaus Cemetery 25A. DATE REC'D BY HEALTH DEPT.
MAY 2 1 1968 258, NAME OF REGISTRAN 25C. FUNERAL DIRECTOR ADDRESS George A. Weber 705 South Ann Street



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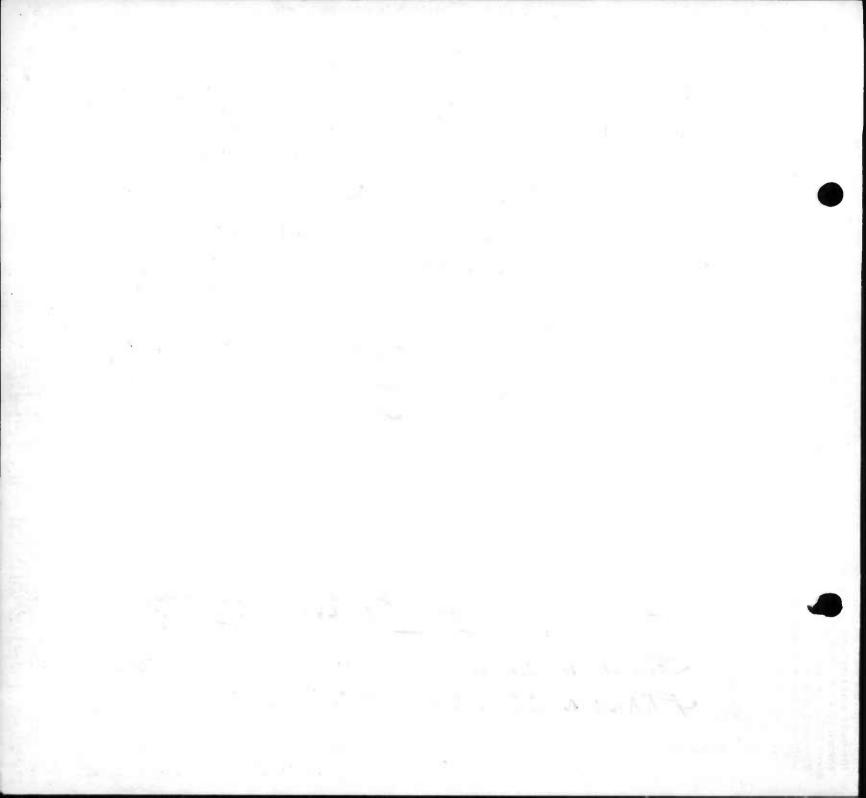
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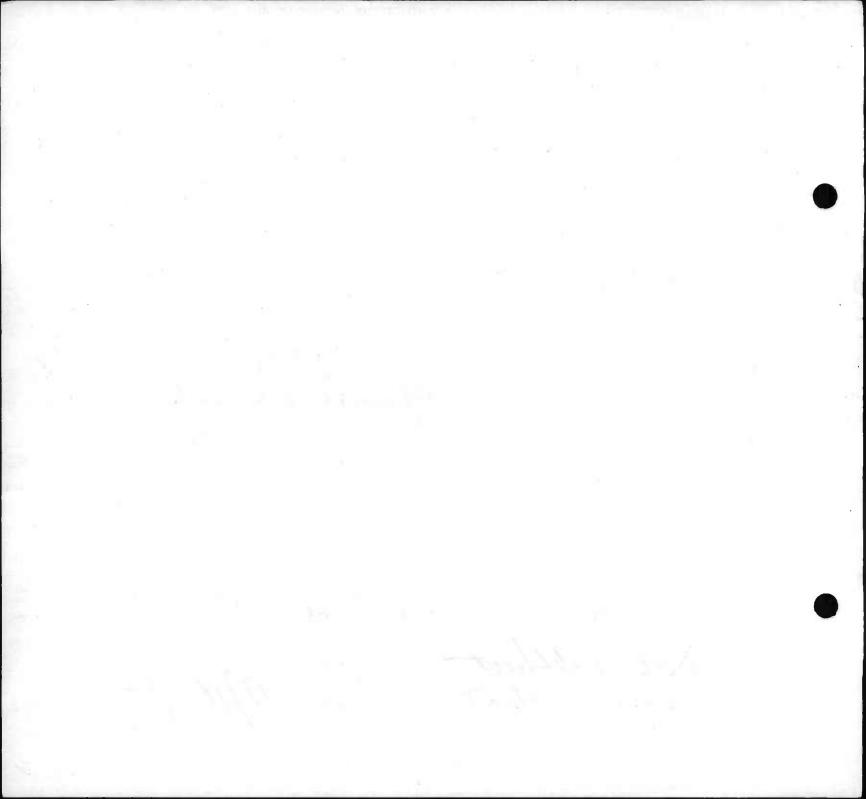
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FUNERAL DIRECTOR

0	CLO HT	68- 5297 CERTIFICATE OF REALTH REG. NO. 68- 5297
1	75 95	BIRTH NO. CERTIFICATE OF DEATH
ħ.	death death eased in the Such	1. NAME OF DECEASED (Type or Print) Martha Carter 2. DATE AND HOUR OF DEATH 5-16-1968 2:35 P.M.
	of do Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
cause cause use; (5) endan	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Baltimare D. INSIDE GITY MITS? Baltimare	
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	trib min gul	5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 5-15-188 last birthdoy) WIDOWED DIVORCED 5-15-188
	or con ndeter s in re decea	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
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RTAN	ssistant the dir kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Of Jauretta Ave
al examiner or his as examiner. Also, if (3) A fracture of any an who pronounced in regular attendations are embalmed or	examiner or his of xaminer. Also, i) A fracture of an who pronounce i regular attend are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. CAUSE OF DEATH (A) IMMEDIATE CAUSE OF DEATH (B) HAMBURY CAURAL VARIABLE OF DEATH (B) HAMBURY CAURAL OF DEATH (B) HAMBURY CAURAL OF DEATH (C) (C)
	edice burr bysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes at No) 10 CERTIFYING CAUSES OF DEATH?
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H	y the ital b e; (2) there No ph befor	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE OF INJURY (e.g., in ar obaut 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
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	be approduced to the tof any ital (excath); and st be obtained.	22. I certify that (I) (this haspitol) ottended the deceased fram 3-10- 1968 to 5-16- 1967, that (I) (we) lost saw the deceased alive on 5-17- 1966 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the bady ofter death.

was D.O.A. at a hosp

DINGS CONSIDERED ity, give exoct location) 19.6F n deoth occurred on the dote 23B, DATE SIGNED Attending Phys. Med. Directar deceased prior to written approval r 23D. ADDRESS 25A. DATE REC'D BY HEALTH DEPT. MAY 2 1 1968 25B. NAME OF REGISTRAP 25C, FUNERAL PIRECTOR VS 150-REV. 1/1/6B



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTME	NT
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	BALTIMORE CITY HEALTH DEPARTMENT		68- 500
5298	CERTIFICATE OF DEATH	REG. NO.	68- 529
0400	CERTIFICATE OF DEATH		

- 697	68- 5298 CERTIFICATE OF DEATH REG. NO. 68- 5298
of death Of death Deceased e on the 1th. Such	1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
f de ecea on h. S	(Type or Print) FEDCY FEDKINS 5-16-1968 10.50P M. 3. PLACE IN RALTIMORE, MARYLAND, WHERE PRONQUINCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, II institution; residence before odmission)
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before odmission) A. STATE B. COUNTY
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L 3 0 2 7	South Batimore GENERAL HOSP, 724 So. Charkes St. 5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs.
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r if death irect or c (4) Under was in the dec isposition	13. FATHER'S MAIDEN NAME
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mine mine fra ho ho egul	ANTECEDENT CAUSES (B)
exe 3) A W W	DISEASES OR CONDITIONS, if ony, giving Trise to the obove couse (A) stoting the
n	UNDERLYING CONDITION lost, (C).
OF T S & E	other significant conditions contributing to the terminal of the Death But not related to the terminal objects or condition given in Part 1 (a).
TE > C.D.	TO THE DEATH BUT NOT RELATED TO THE TERMINAL UISEASE OR CONDITION GIVEN IN PART 1 (A). UISEASE OF OPERATION [198. CONDITION FOR WHICH OPERATION [20A. AUTOPSY? (Yes of No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
by a 2) Body re the physic ore th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect (acotion))
T	OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCCUR?
A Z A Z A	DEATH (notify medical examiner) etc.)
00 os	OF INJURY (APPROX.) While At Not While At Work At Work
2 2 X 2 2	22. I certify that (+) (this haspital) attended the deceased from 5-/6 19 68 to 5-/6 19 68,
G o	that (+) (we) last saw the deceased alive an 5-16 19 68 and that in (a) (aur) apinlan death accurred an the date
assed to dent of ospital death) must b	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.
5 6 5 6 6	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff
a a a control	23C. PHYSICIAN'S NAME (Type) Phys. Director Phys. Director Phys. 23D. ADDRESS
was reli An acc	NAME (Type) OEGREE
EXECTO	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Journ, or county) (Stole)
. 2 5 0 1	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EMMERAL DIRECTOR () ADDRESS
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This certificate must be approved by the chief medical examiner

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	Y HEALTH DEPARTMENT	TODO
BIRTH NO. 68- 5299 CERTIFICA	TE OF DEATH REG. NO.	5239
T. NAME OF DECEASED (Type or Print) ALMA L. WILKINSON	2. Date and hour of death May 21, 1968.	7A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Md.	ence before admission)
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN Baltimere D. INSIDE CITY LIMIT	NO [
2900 Bayonne Avenue	E. STREET AND NUMBER 2900 Bayonne Eve	nue
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED	July 11,1885. 9. AGE (In years Months Do	Yr. If Under 24 Hrs. ys Hours Min.
dane during most of warking life, even if retired) Housewife		USA
13. FATHER'S NAME Alpheus C. Glenn	14. MOTHER'S MAIDEN NAME Ida S. Seymou	r
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates of service) (Yes, na ar unknawn) (If yes, give war ar dates of service) (16. SOCIAL 213-40-1032		ame)
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heart failure, asthenia, etc. It meons the disease, injury or complication which caused death,

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ANTECEDENT CAUSES

any, giving the o bo ve couse (A) stating the UNDERLYING CONDITION last.

> 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION

WAS PERFORMED

OR CONTRIBUTING CAUSE OF

21 B. PLACE OF INJURY (e.g., in ar obaut 21 C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR?

DUE TO/OR AS A CONSEQUENCE OF

(If in Baltimare City, give exact location)

DEATH (notify medical exominer) 21 D. TIME OF INJURY (Month)

(Day) (Year) (Hour) 21E. INJURY OCCURRED

While At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from

Not White At Work

ond hour ond from the couses stoted above. (1) (We) (did) (did not) view the body ofter deoth.

23C. PHYSICIAN'S NAME (Type)

5/23/68.

Attending Phys.

Med. Staff Phys. Director 23D. ADDRESS

23B, DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

23A. SIGNATURE

(APPROX.)

Anderson M.D. OEGREE 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

and that In(my) (our) apinion death occurred on the date

2SA. DATE REC'D BY HEALTH DEPT.

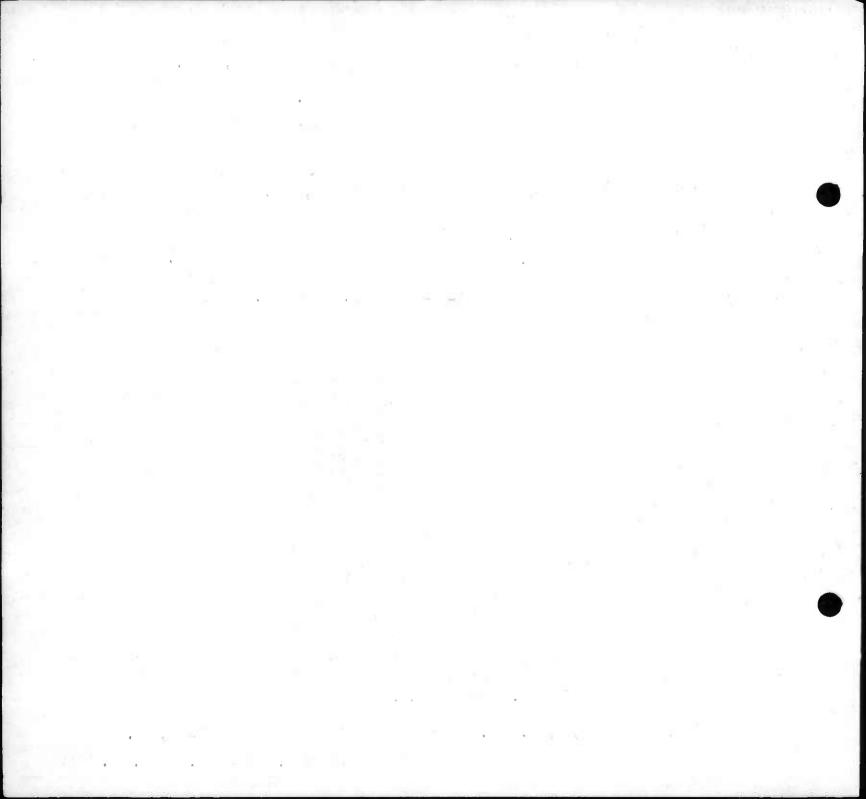
25B. NAME OF REGISTRAR

Mt. Olivet Cemetery

Baltimere, Md. 25c, thresal director, Inc. Balto. Md. 21214

VS 150-REV. 1/1/68

written approval must be obtained before the remains are deceased prior to was D.O.A. shows: (1)



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BALTIMORE CITY HEALTH DEPARTMENT

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13. FATH	ER'S NAM								14. MOI	HER'S M	AIDEN NA	ME						
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5. Wos Yes, no o	Deceased unknown)	Ever in ((If yes,	U. S. A give w	Armed Forc or or dotes	es? of servic	e) 1 (6- SOCIAL SECURITY	NO.	Mr.		iam Ma	eMil	lan,	10	Ligh	t St		Lte. 1
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	haur and		he cau	e Ind	2 cor	fu fu	(We) (did) (c		nding 🖂	Me		Shaff Phys.	9		23B. DA	TE SIGN	VED -	83
	PHYSICIAI NAME (Ty				r Wia	son,	Jr. M	D. DEGREE	803		lical	a	663	12	0,	Bel	as.	1 hed.
E	rial tombr	ent		5/24/C	58		dar Hil	1 Cem	etery	-					ty, town,	d.		(Stote)
25A. DA	LE KEC.D	AY EA	2 1 1	EPT. 1968	R. C.	E OF	REGISTIAR	CHE		FUNERAL Ona	DIRECTO	Ruc	k,	Inc	Bal	A .	one,	Md

VS 150-REV. 1/1/68

The Victorian Commence and the second and a Demonstration Tryland Charley .

		68- 53	BALTIMORE CIT	Y HEALTH DEPARTMENT	00 5004
		00 00	CERTIFICA	TE OF DEATH REG. I	No. 68- 5301
	RTH NO.	FASED	2	2. DATE AND HOUR OF	DEATH
	ype or Print)	Jahn	I. Perrella	May 21, 1968	
			HERE PRONOUNCED DEAD		ed. If institution: residence befare admission)
H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	c. CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES TO NO
	37	Mercy	Hespital	E. STREET AND NUMBER 2618 Ke	ntucky Avenue
5.	sex Ma le	6. RACE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Oct. 11,1926. 9. AGE (In year lost birthday)	Months Doys Hours Min.
		varking lite, even it retired)	TOB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAM	AE .	1	14. MOTHER'S MAIDEN NAME	OOA
3		Silvio	Perrella		DelGenevese
	Was Deceased	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Y	Yes	(If yes, give wor or dote W W 2	219-10-5840	Mrs. Vielet E. Perrel	la (Same)
	1B. ///	0 1	CAUSE OF DEA	TH THE THE THE THE THE THE THE THE THE T	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DI	RECTLY	/1	BETWEEN ONSET AND DEATH
		LEADING TO DEATH	(A) IMMEDIATE CA	USE Harord 100 0	30 mines
		ol mean the made of asthenia, etc. It means	dying, e.g., DUFTO OR AS	A CONSEQUENCE OF:	
		plication which caused			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ANTECEDENT CAUSES	Ru	sture of (2) cased	Dast
	DISEASES	R CONDITIONS, if	any giving DUE TO, QR 4/	S A CONSEQUENCE OF:	oc Vuro
	rise la lhe	abave cause (A)			72,000
	UNDERLYING	CONDITION lost.	(c) <u>av</u>	adiation movers	an an aan 4000 m
,	16 LX	11			
	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTING		
A	DISEASE OR C	ONDITION GIVEN IN PAR	RT 1 (A).	TO A	
CIBITIES	19A. DATE OF	OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
O L	0	, , , , , , , , , , , , , , , , , , ,	3	1 - 0	
CAL	OR CONTRIBU	IT WAS UNDERLYING CAUSE OF medical examiner	home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	Boltimare City, give exact location)
AFD	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work		
ř.	22 1 16	1 - (1) (1)			May 2/ 10 68
	The state of the s		1) ottended the deceased fram	April 16 1968 10	an a manusulina mbana in francisco manuscria a consecuencia (/ ara il interior a f
	that (I) (we)	last saw the decease	ed alive an May 2/	19 90 ond that in(my) (a	ur) opinian deoth accurred an the date
	and have and	fram the causes sto	ted abave, (1) (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATU	RE (V	2 0		23B. DATE SIGNED
		CerOn III	3 Ou Q De M. D. AH	rending Med. Staff Phys.	5-21-68
24	23C. PHYSICIA		DEGREE	23D. ADDRESS	
	RAHA	1/1 L. M.	ANAIO M.D.	TO MERCY HUSPIE	AL BAITO-MD-2120 E
24		MATION, 248. DATE	24C. NAME of CEMETERY OF CI		(City, town, or county) (State)
	Burial	pecify)	0 5 5 6		
25		BY HEALTH DEPT.	8. Baltimore Nation	at Cemetery Baltin	more, Md.
25	A. DATE REC'D	MAY 2 1 1968	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Loonard J. Ruck, Inc	

VS 150-REV. 1/1/6B

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2/8/68-Cohalt trim for Ca of Largery Enformalian from Mercy Hosp Record. Rece file-Bur of Birstatistics American salag F. 655

68	- 5302	, EDICAI		ALTIMORE CITY HE			0.5	DE 4.7		68-	- 5302
BIRTH NO.		MEDICAL	. EX	AMINER'S	LEKIIF	ICATE	OF	DEAI	H REG. N	0	
1. NAME OF DE		F	ERNA	NDEZ	2. DATE OF	Known	X	Month	Doy	Yeor	Hour
		POLDO **			DEATH	Estimo	ted ·				
	LTIMORE, MARYLAI	The second secon			3. DATE	OUNCED DE	EAD	Month	Doy	Yeor	Hour
OSPITAL	ADDRESS OR	OSPITAL OR INS LOCATION)	IIIUIION	N, GIVE SIKEEI				May	19,	1968	11:25 P.
ORINSTITUTION	1625 Argon	ne Drive	2		A. STATE	Mary1		dece osed I	B. COUNT		before odmission)
S. SEX	7. RACE	B. MARE	RIED	NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS?	
Male	White	WIDOV		DIVORCED [Balti	more			YES X	NO 🗆
DATE OF BIRT		GE (In years	If Unde	er 1 Yr. If Under 24 Hrs.	E. STREET	AND NUM	ABER			123 (28)	110 🗀
Sept. 1,	1912	55	Months	Doys Hours Min.		1625	Argor	ne D	rivo		
I. BIRTHPLACE	State or foreign cour		12. CIT	IZEN OF	13. FATHE	R'S NAME	III GOL	me D.	1140		
	Cuba			IAT COUNTRY?			Le	opelo	le Fer	nandez	
4A.USUAL OCCL	JPATION (Give kind o	of work 14B. KINE		SINESS OR INDUSTR	15. MOTH	ER'S MAIDE			-		
one during most of	working life, even if re	tired)						Vir	ginia	Diaz	
4 WAS DECEAS	ED EVED INITIS A	RMED FORCE	5? 17	7. SOCIAL	IB. INFOR	MANT				ADDRESS	
les, no or unknown	(If yes, give wor or	dotes of service)	SECURITY NO.	Spania	sh Ape	stola	te. 2	211 Gr	eenmoun	at Ave. #1
19. 2.1 /	9 0			CAUSE OF DEA				-			PPROXIMATE INTERVA
7	5110	/		Hyperten		nd one	orio	1	. +	BETV	WEEN ONSET AND DE
DISEAS	SE OR CONDITION			nyperten							
171	LEADING TO DEA			(A)IMMEDIATE	AUSE	ardiov		lar d	ısease		
heort foilure	not meon the mode e, osthenio, etc. It me	ons the disease,		DUE TO, OR	AS A CONSE	QUENCE OF	:			0.00	
injury or co	mplication which cous	sed deoth.)									
A	NTECEDENT CAUS	ES		(B)							
DISEASES	OR CONDITIONS,	IF ANY, GIVING		(B)	AS A CONS	EQUENCE C	F:				
UNDERLYI	NG CONDITION			(c)							
5	7			(0)							
OTHER SIG	NIFICANT CONDITIO										
DISEASE O	ATH BUT NOT RELATER CONDITION GIVES										
				HICH OPERATION W	AS PERFOR	MED				21. AUTO	OPSY? (Yes or No)
0										40	Yes
▼ 22A. EXTE	RNAL CAUSE WAS		22B. PL/	ACE OF INJURY(e.g.,	in or obout	22C. WHER	RE DID (I	f in Boltime	ore City, give	exoct locotion)	
UNDERLYING	G OR CONTRIB		home, fo	arm, foctory, street, offic	e bldg., etc.)	INJURY O	CCUR?				
UTING ☐ CA	(Month) (Doy)	(Yeor) (Hou	-1 225	INJURY OCCURRED		22F. HOW	DID INII	IIPV OCC	1102		
OF INJURY	(Month) (Doy)	(Teor) (Hou	'		WHILE	ZZI. NOW	נאוו טוט	OKT OCC	JORT		
(APPROX.)			m. WO		VORK					The same	
23.			- .		77	1.4			1 1		
	tify that I held o	-			topsy				, deoth in n		
resu	Ited from: Natura	couses X	Acc	ident Suicio	de 📙 📑	domicide L		Indeterm	ined monne	r 🔲	
	Cs0	8	1)	* -		CHIEF ME	DICAL EX	AMINER			DATE SIGNED
SIGNA	MIN	177-		22 ME	AS:	SISTANT ME	DICALEX	AMINER	X		DATE STOTIES
EXAMIN	- T 1	es S. Sp	ring	ate, M.D.	ASS	OCIATE ME	DICAL EX	AMINER		May	20, 1968
NAME (
24A. BURIAL CRE	4 1		-	NAME of CEMETERY			24D. L	OCATIO	(City, to	own, or county	y) (Stote)
Burial	. 5	5/22/68.	He	oly Redeemen	r Cemet	tery	-	Bal	timere	, Md.	
	BY HEALTH DEPT.	_ 25B. N	IAME O	F REGISTRAR	25C	FUNERAL	DIRECTO			ADDRESS	
		968 (17)	Dec 6	E, Jankey M.					Inc. B		ld. 21214
		4.40		<u> </u>	-	69	0 0	,			
VS 151-REV. 1/1/6	8		7 0	0 0	1 5	U	U				

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68- 5303 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMIN	VER'S	CERTI	FICATI	OF	DEATH.
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			MED		EXAMINER'S			DEA1	TH	00	03)	3
BIR	TH NO.								REG. NO			
	NAME OF DEC		SADIE	STO	VER	2. DATE OF DEATH	Known 🖺 Estimoted 🔲	Month	Day	Year	Hour	м.
ULI	NAME OF	(IF NO		LORINS	RONOUNCED DEAD TITUTION, GIVE STREET	3. DATE PRONG	DUNCED DEAD	Month May	17, 1968			A . _M .
C	O	1085	W. Fay	ette	Street	A. STATE	Maryland	re deceosed l	B. COUNTY	residence b	efore odmissi	on)
6. S	EX	7. RACE		8. MARE	RIED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	Y LIMITS?		
F	'emale	Ne	gro	WIDOV	VED DIVORCED [Baltimore	e	YE	C X	NOD	
9.0	1 - 24	5-1891	10. AGE (I		If Under 1 Yr. If Under 24 Hi Months Doys Hours Mi		AND NUMBER 1085 W. I	ayette	Street			No. Challenge
11.	BIRTHPLACE (S	tote or forel	gn country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME	1010	_			
	USUAL OCCUP			14B. KINE	OF BUSINESS OR INDUS	TRY 15. ANOTH	ER'S MAIDEN NA	AME /	7			
		JOK	wy	0	112 00001	1	1 nely	st	mms	- CC		
	was DECEASE , no or unknown)					18. 180 01	MANT /	lan	AD	DRESS	~	
	19.44	0 11	140	_	CAUSE OF D	FATH	ruen 5	Lek	-	AP	PROXIMATE INTE	ERVAL
	7/0	2,41			70575		tic cardio	3725011	ar diana	BETW	EEN ONSET AND	DEATH
			DITION DIRE	CTLY	VICELI	osciero	LIC Caldio	ovascui	lar disea	se		
	(This does no	EADING TO		ing e.g	(A)IMMEDIAT		Outlier of		a de cambra destabalhamente des de contracta destable destable de contract			
	heart failure, injury or com	osthenio, et	c. It meons the	diseose,	DUE 10, C	R AS A CONSE	QUENCE OF:					
	44	ITECEDENT	CAUSES		(0)							
	DISEASES C	R CONDIT	IONS, IF AN	, GIVING		R AS A CONS	EQUENCE OF:					
_	RISE TO THE UNDERLYIN	IG CONDI	TION LAST.	IING IHE	(c)							
Ó					(C)							
CERTIFICATION	TO THE DEA	TH BUT NO	II INDITIONS C TRELATED TO I GIVEN IN P	THE TERM	AINAL							
RI					FOR WHICH OPERATION	WAS PERFOR	MED	-		21. AUTO	PSY? (Yes or	No)
ឌ	0									1	No	
	22A. EXTERN	VAL CAUSE	WAS		228. PLACE OF INJURY (e.	g., in or obout	22C. WHERE DID	(If In Boltim	ore City, give exoc		,,,	
EDIC	UNDERLYING UTING CAL				home, form, factory, street, a	ffice bldg., etc.)	INJURY OCCUR?					
Z			Doy) (Yea	r) (Hou	r) 22E.INJURY OCCURRE	D	22F. HOW DID II	NJURY OCC	UR?			
	OF INJURY (APPROX.)					OT WHILE						
	23.	for short I b	hald an I	ngulry [Inspection X	Autopsy 🗌	and that an	this bosis	, deoth in my	antaina		~ ·
		ify that I h			Inspection A		domicide			-		
	result	ed from: [Natural cau	ses A	Accident Sui	cide			Ined monner L	_		
	ACTUAL	(0, ,	31	1-1-0	1	CHIEF MEDICAL				DATE SIGNI	ED
	SIGNATU	JRE	Me	91	JAK.	A.D.	SISTANT MEDICAL					
	NAME (T	eR'S Cl	harles	S. S	pringate, M.D.	ASS	OCIATE MEDICAL	. EXAMINER		May 1	L7, 196	8
	A. BURIAL CREA		24B. DATE		24C NAME of CEMETE	Y or CREMA	19AY / 24D	LOCATIO	(City, town,	, or county)	(State	1
1	Burin	0	5-2	2-61	Intul	me	41	1	relto		XII	1
25/	A. DATE REC'D	BY HEALTH	DEPT.	25B. N	NAME OF REGISTRAR	25,0	SUNERAL DIREC	TOR	Al	DDRESS	9,50	-
	1/	AY 21	1968	10	8-2 Fala A	3	cocolly 1	Money.	וכל מומן	unt	4161	
/S	151-REV. 1/1/68		1 2 4 4	-	/************************************	-	- har our	The same	- Luigh	./	7 7	

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Name of the Control o

68-5304 baltimore city health department

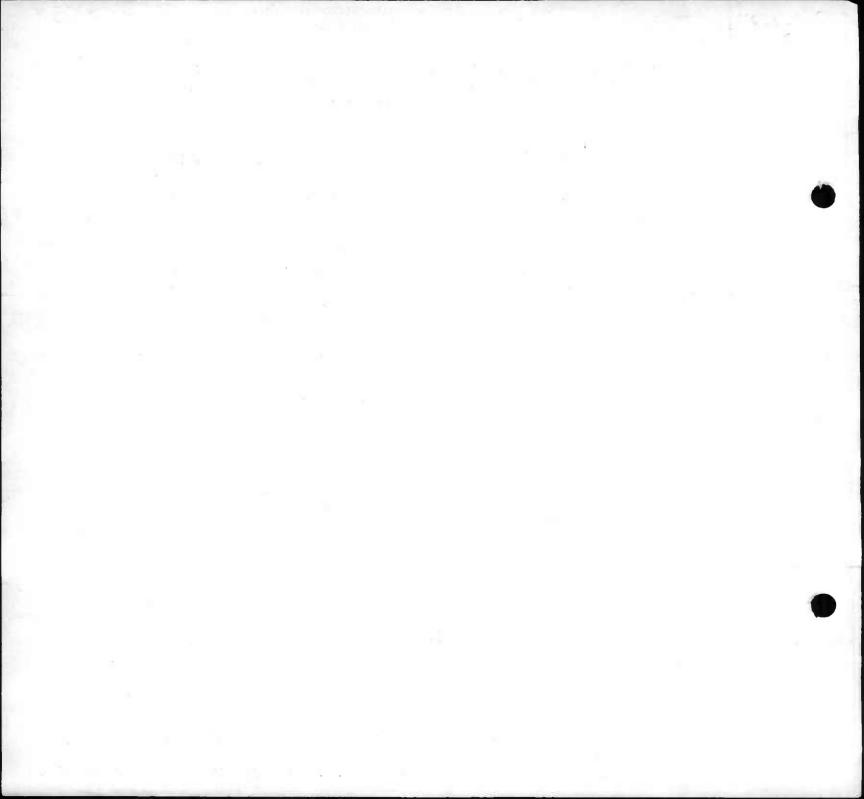
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	68- 5304
6-12	BIRTH NO.)
C-63	1. NAME OF DECEASED (Type or Print) MARVIN CARTER 2. DATE Known X Month Day OF DEATH Estimated	Year Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Hour
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION PRONOUNCED DEAD May 19, 196	
	00 1321 Madison Street Maryland	
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE	CITY LIMITS?
	Male Negro WIDOWED DIVORCED Baltimore	M. AOD
	9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. Months, Doys, Hours, Min. 1321 Madison Street) 0-
	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WHAT COUNTRY?	
	14A USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of work 15B liegeven if reptied)	-
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS //
	(Yes, no or unknown) (Il yes, eight war as dates of service) SECURITY NO. SECURITY NO. CAUSE OF DEATH CAUSE OF DEATH	PEUL VG.
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	(A) IMMEDIATE CAUSE Advanced pulmonary tubero	ulosis
	heart loilure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS. IF ANY. GIVING DUE TO, OR AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	O 2. II OTHER SIGNIFICANT CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	E 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. In or obout Injury occur? 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Boltimore City, give e home, form, foctory, street, olfice bldg., etc.) INJURY OCCUR?	
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE	
	23. AT WORK	
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death In m	
	ACTUAL CLICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO	DATE SIGNED
	SIGNATURE ASSISTANT MEDICAL EXAMINER X EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER	May 20, 1968
	NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. MAME of CEMETERY or CREMATORY 24D. LOCATION (City, to:	wn, or county) (State)
	Dunel 3-25 to Selver Hell Cat Willrein	ADDRESS
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR BAY 2 1 1968 PLANE & STANDARD STAN) le
	VS 151-REV. 1/1/68	

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spital	o to) Dece	ice or	eath.	
a ho	COUSE	se; (5	endar	to d	
red in	uting	ed car	ar att	prior	de.
occur	ontrib	ermin	regul	ased	is ma
death	or co	Judet	ui si	dece	sition
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ssista	the	y kind	dea	ance o	final
r his a	lso, if	of an	ounced	ttende	ed or
ner o	ner. A	acture	prond	ular a	nbalr
exam	xamir) A fre	who	regu	are er
dical	ical e	rns; (3	sician	was ir	nains
ief me	a med	dy bu	e phy	ician	he rer
he ch	l by c	(2) Bo	ire th	physi	fore t
d by t	Spita	ture;	+ whe	6) No	ed be
prove	the ho	iny na	excep	and (obtair
be ap	ed to	nt of a	pital (eath);	ust be
must	releas	ccide	a hos	r to de	ral mu
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
scerti	body	1) :SM	s D.O.	eased	itten c
Thi	the	sho	M	dec	X

decease

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) W. BECHTOLD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MD. FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' RALT. YES X NO I UNIU. OF MARYLAND E. STREET AND NUMBER 2900 DNYX 5. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED last birthday Months: Days Hours 5 (aucasian WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. U.S. Gov't. MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK BECHTOLD MARGARET LOYMER 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 219-18-1168 Hospital Records CAUSE OF DEATH 18.204 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH PNEUMOLOCKAL (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. II means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES CHRONIC LYMPHOCYTIC LEUKEMIA DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ! (A) 208. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Not While OF INJURY While At (APPROX.) Work At Work 22, I certify that (1) (this hospital) attended the deceased fram 19 68 that (1) (we) lost sow the deceased alive an... and that in (my) (our) opinian deoth occurred an the date and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending [16.1968 Director L 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) appro UNIU. M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Harford Co. 5/20/68 Trinity Lutheran Cem 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR SON



VS 150-REV. 1/1/68

BiR	TH NO.	LOIDLAIII			
1. N (Tg	PLETCHER CLAUDE WILLIAM		16, 1968) A. M.
FU	ST AGNES HOSPITAL LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DISPITAL OR ADDRESS OR LOCATION) STITUTION VILKENS AND CATON AVENUE	4. USUAL RESIDENCE (WAS STATE B. CO MARYLAND C. CITY OR TOWN BALT I MORE	/here deceased lived. UNTY 21229	NSIDE CITY LIMITS?	efore odmission)
E	BALTIMORE MARYLAND 21229	5414 JAMES		IRT	
N	AALE WHITE WIDOWED DIVORCED	01/24/14	9. AGE (In years last birthday) 54	Months Doys Ho	Under 24 Hrs.
don	AUTO SALES MAGR. AUTO SALES	VIRGINIA	oreign country)	USA	HAT COUNTRY?
	CLAUDE W. Fletcher	4. MOTHER'S MAIDEN N		ETCHER EDITH	-1
(Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dotes of service) VES 16. SOCIAL SECURITY NO. 225101486	ST AGNES H	OSPITAL W	ADDRESS VILKENS & CA	
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A	CONSEQUENCE OF:	Cor off of	af imfairs	
ATION	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (B) DUE TO, OR AS A (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CONSEQUENCE OF:		a e jangu is	
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MEDICAL CERTIFIC	(A) IMMEDIATE CAUSE (B) DUE TO, OR AS A (B) DUE TO, OR AS A (C) OR AS A (C) OR AS A (C) OR AS A (D) INTEREST OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. (C) OR AS A (C) OR AS A (C) DUE TO, OR AS A (C) OR AS A (D) IT TO, OR AS A (E) DUE TO, OR AS A (D) IT TO, OR AS A (E) DUE TO, OR AS A (D) IT TO, OR AS A (E) DUE TO, OR AS A (D) IT TO, OR AS A (E) DUE TO, OR AS A (D) IT TO, OR AS A (E) DUE TO, OR AS A (E) DUE TO, OR AS A (C) OR AS A (E) DUE TO, OR AS A (20A. AUTOPSY? (Yes or YES or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID I	No) 208, IF YES, WIN CERTIFYING (If in Bo) NJURY OCCUR? 19 6.8ta	Itimore City, give exact local aplinian death accurred 23B. DATE SIGNED 05 16 68	RED otion) 19 6 8 4

BALTIMORE CITY HEALTH DEPARTMENT

BETWEEN ONSET AND DEATH E FINDINGS CONSIDERED AUSES OF DEATH? nore City, give exact location) 19_68.... pinian death accurred on the date 23 B. DATE SIGNED 05 16 68 KENS & CATON AVE Va. ADDRESS | 258, NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | ADDRESS | ADDRESS | E STATEMENT | E VET 1 - Wheat ley Funeral Home Alex., Va

68-5306

Law Part Date Co.

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

		68- 5307 BALTIMORE	CITY HE	ALTH DEPARTMENT	\ /	68- 520m
	BIRT	RTH NO.	CATI	E OF DEATH	REG. NO	00- 0007
	1. N	NAME OF DECEASED RURY, MRS ANITA,	4		-17-68	6-45 Pm.
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		USUAL RESIDENCE (When		stitution: residence before odmission)
	HO	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Ic.	Md - CHOY OR TOWN	Bulla D. INSI	DE CITY LIMITS?
	(CHURCH HOME & HOSPITAL	_ <u> </u> E.	STREET AND NUMBER		YES WO
;		35		7049 2 13	altemore	Str.
	5. 51	FEMALE WHITE WIDOWED DIVORCED		2-17-41	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	IOA. done	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	JSTRY 11.	MARY L	gn country) -AND	AMBRICA
-	13. F	WILLIAM SCHARF	14.	MOTHER'S MAIDEN NAM	E SIM	MONS
3	15. V (Yes,	. Wos Deceased Ever in U. S. Armed Forces? as, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.		INFORM ANT		ADDRESS
		No 218-42-5	319	CHARLES D	PRURY	ABOVE
5		18./ 80 X I CAUSE OF C	DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE (A) IMMEDIATE (A) IMMEDIATE (A) IMMEDIATE (B) IMMEDIATE (A) IMMEDIATE (B)	VIET	TA STATIE	- CA	
				ON SEQUENCE OF:		
		injury or complication which caused death.)	PA	CEDI	181	
3		ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if ony, giving DUE TO, C	OR AS A C	CONSEQUENCE OF:	17	
5		tise to the obove couse (A) stating the			/	
		UNDERLYING CONDITION last, (C)				
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION		20A. AUTOPSY? (Yes or No	20B, IF YES, WERE I	FINDINGS CONSIDERED
	RTIFIC	BOWEL OBSTRUC	TION	1	IN CERTIFYING CA	USES OF DEATH?
	AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10 PK CONTRIBUTING CAUSE OF 10 PK Control 10 PK CONTRIBUTING CAUSE OF 10 PK CONTRIBUTING 10 PK CONTRIBUTING 10 PK CONTRIBUTING 10 PK CONTRIBUTING 10 PK CONTRIBUTION 1	(e.g., in or	obout 21C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct location)
3	LAJ			21F. HOW DID INJ	URY OCCUR?	
5	×	₹ While At □ Not	Work [
5		22. I certify that (1) (this hospital) attended the deceased from		3-8-	1968 to 5	-17-19.68.
מ		that (1) (we) last saw the deceased alive on			at in(my) (aur) opi	nian death occurred on the date
2		and hour and from the causes stated above. (1) (We) (did) (did-	101) vlev	v the body after death.		23B. DATE SIGNED
		Ken, Cheufappa. MD.	Attendi	Med.	Shaff Phys.	5-17-68
5		23C. PHYSICIAN'S NAME (Type)) R ANDERSON		. ADDRESS		
2	24A	4A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY	EGREE CREMA	ATORY 24D. L	OCATION (Ci	ity, town, or county) (Stote)
5		BURIAL 5/21/68 OAK LAW	N	BA	7LTO, 1	40,
	25A	SA, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	30	25G FUNERAL DIRECTOR		300 Miore
	VS .	5 150-REV. 1/1/68		Connect	7 -11.	200 1100

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	V-536 68-5	308 CERTIFICA	HEALTH DEPARTMENT	REG. NO	63- 53(08			
T		IDERMAST, GEORGE	2. DATE AN	D HOUR OF DEATH	-68: 0/82	45 P.M.			
3	PLACE IN BALTIMORE MARYLAND, WHERE PRO	AST GRORG	4. USUAL RESIDENCE (When		nstitution: residence before	odmission)			
F	TULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION BALTIMORE CITY HOS		MARYLAND C. CITY OR TOWN BALT IMORE	Balto C	IDE CITY LIMITS? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc	20			
	3 / 4940 EASTERN A VENUE	2	E. STREET AND NUMBER		TES NO M	5			
	BALTIMORE, MARYLANI			AST LANE ;	# 21221				
	MALE WHITE WIDOW		3/20/95	9. AGE (In years lost birthdoy) 73	Months Doys Hours				
	DA. USUAL OCCUPATION (Give kind of wark 10B, KIND and during most of working life, even if retired) SARM Po	ULTRY	MARYLAND	gn country)	U.S.A.	COUNTRY			
1	ARNOLD (DEC.)		ELIZABETH HI						
1:0	5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of service) WWK	16. SOCIAL SECURITY NO. 219-10-9306	RECORDS: BALT	IMORE CITY I	HOSPITALS	221.			
	18. J. 9 CAUSE OF DEATH This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. II means the disease,								
	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, givening to the obave couse (A) stating UNDERLYING CONDITION lost.	(B)	TE Myocar	bal inf	arction	10 tr 4 d 40 d 10 d 40 d			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG							
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltima	re City, give exact lacation	1)			
		21 E. INJURY OCCURRED While AI Not Whill Work At Work	21F. HOW DID INJ	URY OCCUR?		3/8			
	22. I certify that (1) this hospitol) ottended the deceased from 19 ta 19 ta 19 that (1) (our) apinian death accurred on the date								
	ond hour and from the causes stated above 23A. SIGNATURE	M.D. DEGREE Phys	nding Med.	Staff Phys.	238 DATE SIGNED	7-68			
	23C.PHYSICIAN'S NAME (Type) K. E. GILMOUR, M.I	,	23D. ADDRESS BALTIMO 4940 EASTERN	RE CITY HOS	44				
2	REMOVAL (Specily)	NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (C	ity, town, ar county)	(Stote)			
2	SA. DATE REC'DAN HEALTH DEPTS 758 NAM	AE OF REGISTRAR	F FAITH 25C, FUNERAL DIRECTOR	FLLY S	eas 300	MACE			
V	S 150-REV. 1/1/68								

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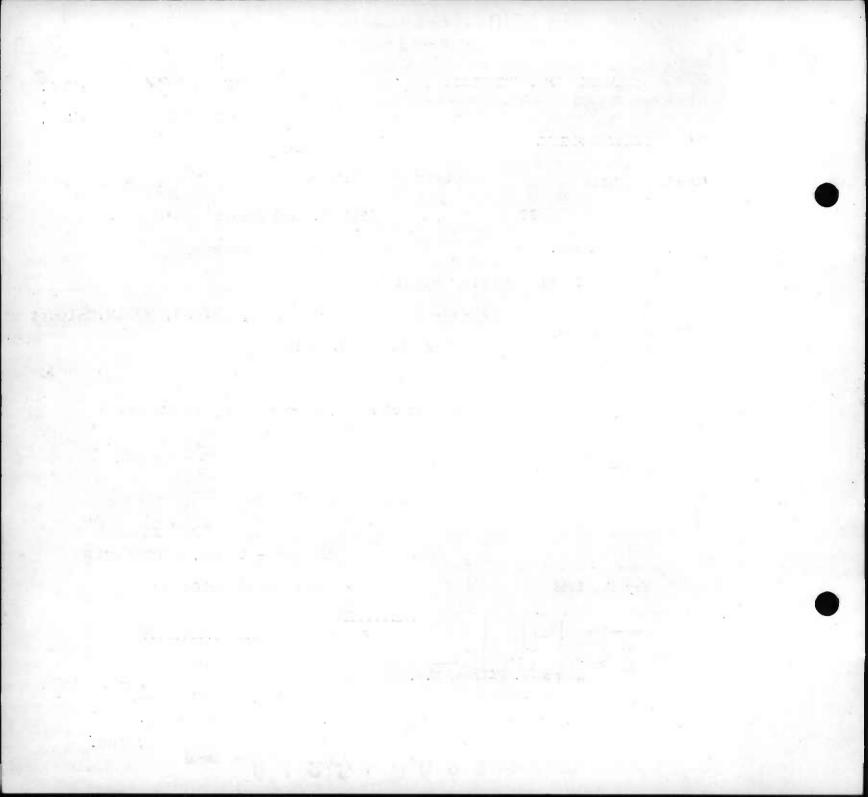
BALTIMORE CITY HEALTH DEPARTMENT REG NO CERTIFICATE OF DEATH BIRTH NO. 18-0 -0 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Baltimore Maryland HOSPITAL OR ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? NO X YES E. STREET AND NUMBER 4940 Eastern 1913 Ewald Ave. Ave. Baltimore, Md. made. 005 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under Months: Doys Haurs If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED last birthdoy) 2 Vale WIDOWED DIVORCED 16 days tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Ernest Carico Patricia Ann Wright belta -- Beedy --S. Was Deceased Ever in U. S. Armed Farces ADDRESS 17. INFORMANT 6. SOCIAL #21224 (Yes, no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. BCH: Records 4940 Eastern Ave. Baltimore, Md NO 18. CAUSE OF DEATH 10 SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, bal injury at camplication which caused death.) EH ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, giving the above cause (A) slating the UNDERLYING CONDITION last. the remains 160,0 11 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Intraventri nulas sieeding before 218. PLACE OF INJURY (E.g., in ar obout 21C. WHERE DID hame, form, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 (If in Boltimore City, give exact lacation) MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 69 19 that (1) (last saw the deceased olive on. ond that in (my) (aur) apinion death accurred an the date pe and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED lis Laure Attending Med. Staff Phys. Director L Phys. 6 23D. Appress Baltimore City Hospitals 23C. PHYSICIAN'S approv NAME (Type) Baltimore. 4940 Eastern Ave. Julio Zavala Md. GEGREE 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) written 168 20 BEL AIR 25A, DATE REC ADDRESS 2SC. FUNERAL DIRECTOR

200 MACE VS 150-REV. 1/1/68

M.H.

		03-	531	BA	LTIMORE CITY HE	ALTH DEPAR	RTMENT						
~		MED	ICAL	EXA	MINER'S	CERTIFIC	CATEC	F DEA	TH.			68	531
BIRTH NO.									RE	G. NO			001
1. NAME OF DEC	CORALE	THER EE KB		NNIC	ער	2. DATE OF	Known	Month	18,	1069	Yeor	Hour	
						DEATH	Estimoted						2 A. M.
4. PLACE IN BAL						3. DATE	JNCED DEAD	Month		oy	Yeor	Hour	
FULL NAME OF	ADDRE	T IN HOSPITA	TION)	UIION,	GIVESIKEEL				18, 1				2 A. M.
OR INSTITUTION	MERCY H	OSPITA	L			5. USUAL R	ESIDENCE (W	here deceos		UNTY	residence	before odn	nission)
21							Marylan	d					
6. SEX	7. RACE		B. MARRIE	DON	IEVER MARRIED	C. CITY OR Baltin			D.	ISIDE CIT	Y LIMITS?	of the state of th	7.
Female	Whit		WIDOWE		eparated					YE	S	No 🗆	-
9. DATE OF BIRT		10. AGE (II	yeors /	f Under	1 Yr. Il Under 24 Hrs. Doys , Hours _I Min.		ND NUMBER		- 1/2				
5/15/31				1			St. Paul	Stree	t				
11. BIRTHPLACE			1:		ZEN OF . T COUNTRY?	13. FATHER	SNAME						
	imore								iebe				
done during most of	JPATION (Giv working lile, ev	e kind ol work en il retired)	14B. KIND	OF BUSI	INESS OR INDUSTR	Y 15. MOTHE							
Typist					on Hotel		unkno	own					
16. WAS DECEAS (Yes, no or unknown	ED EVER IN	U.S. ARMED	of service)		SOCIAL SECURITY NO.	18. INFORM					DRESS		
				21/7	-34-6495		ge Eat	ton, i	frien	id, 2	1286	V.Cal	vert
19.	7 8 D	10			CAUSE OF DEA							WEEN ONSET	1141PUAL
DISEAS	E OR COND	ITION DIRE	CTLY		Barbitu	rate Ir	ngestion						
(7)	LEADING TO				(A) IMMEDIATE			,				~===-	
heort foilure	not meon the e, osthenio, etc	. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:						
injury or coi	mplication whi	ch coused de	oth.)										
	NTECEDENT				(B) Arter:	.osclerc	tic Car	diovas	cular	Dise	ease		
RISE TO TH	OR CONDITI	USE (A) STA	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
Z UNDERLYII	NG CONDIT	ION LAST.			(c)								
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OTHER SIGN	ATH BUT NO	NDITIONS CO	ONTRIBUTII THE TERMIN	NG I A L									
	CONDITION			0.0.14/1.11	ICU ODED ATION W	AC DEDECORA		****			IO. AUX	OPSY? (Ye	N-\
O A DATE O	FOPERATIO	N 208. COI	ADIIION F	OK WH	ICH OPERATION W	AS PERFORM	IED				ZI. AUI		s or 140)
	NIAL CAUCE	14/A.C	la	OP DI A	CE OF INJURY(e.g.	in an abaut 2	OC WHERE D	ID (16:- D-1	Vanana Cita	min a muse	a la sation!	yes	
O HAIDEDIVING	NAL CAUSE		h	ome, lor	m, loctory, street, offi	e bldg., etc.) li	NJURY OCCU	R?				- 1	11-01
UTING CA			\ (II)>	Took N	Home	I	Bed Room	131	5 N	CALVE	ERT S	TREET	
OF INJURY		Doy) (Yeo	r) (Hour)	WHILE	EAT NO	WHILE							
(APPROX.) 1	May 18,	1968	? n	n. WOR	K L AT	VORK LX	Overdos	e of I	Barbit	urate	3		
	tify that il h	eld on 1	nauiry [l e In	spection A	topsy 🗴	and that a	n this bos	is deat	n in my	nninian		
		1	1				omicide 🔲		rmined n	-	-		
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ACTUAL	. PN	200/1	11/	15	•							DATE SI	GNED
SIGNAT		Edwar	d F. W	11150	on, M.D. M.I).	STANT MEDIC						
NAME (Hawar	a 1 . v		Jii, 11.D.	ASSC	CIATE MEDIC	AL EXAMIN	ER 📋		May	18, 19	968
24A. BURIAL CRE	MATION,	24B. DATE		24C. N	IAME of CEMETERY	or CREMATO	DRY 2	4D. LOCAT	ION (City, town,	or count	y) (S	Stote)
REMOVAL (Spec	ily)	5/21/	68	Ho	ly Redeem	er Cem	1.	Balti	more	, Md			
25A. DATE REC'D	BY HEALTH				REGISTRAR		FYNERAL BIR	ECTOR.	ral	Home	DRES6	nC .	
	C VAM	1 1968	00	May &	Total Dia 111	Sch		ehms			, 11		
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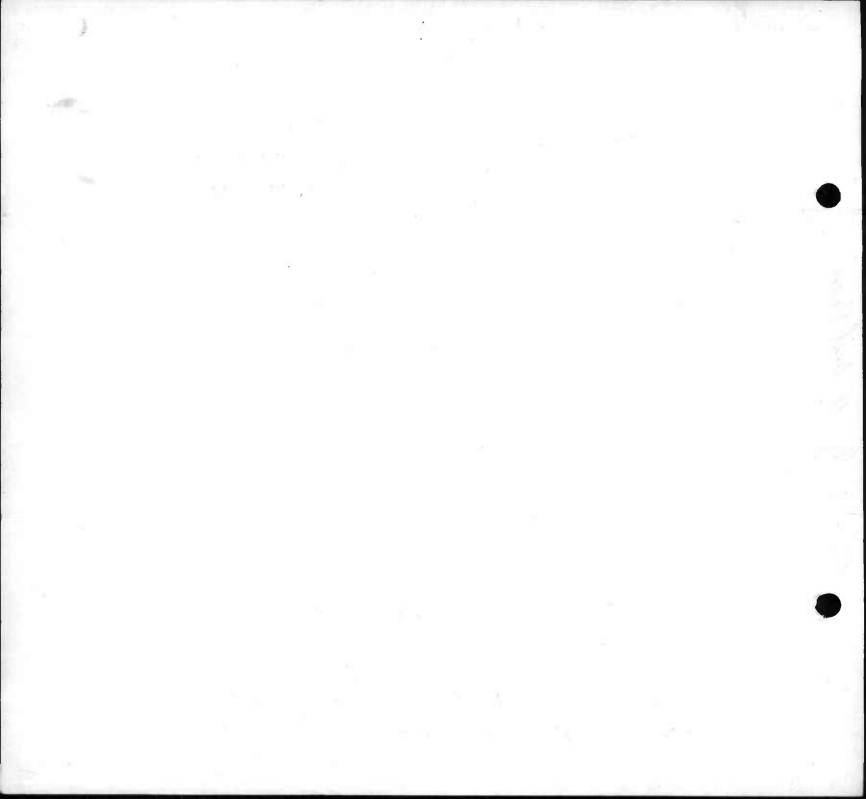
68- 5311 BALTIMORE CITY HEALTH DEPARTMENT AMENDED 5-28-68 68- 5311

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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BIRTH NO.	/4/[DICAL	-VAMIIIAEK 2	CERTIFICATE OF	DEAT	REG. NO		00.	English
1. NAME OF DEC	1,10,10	GARET RO	BB	2. DATE Known	Month	Day	Year	Hour	
(Type or Print)	ARGRET-		KOBB-	OF DEATH Estimoted	May	17, 1968		4:25	P.M
	TIMORE, MARYLAND			3. DATE PRONOUNCED DEAD	Month Morr 1	Doy 1060	Yeor	Haur	
FULL NAME OF HOSPITAL	(IF NOT IN HOS	PITAL OR INSTITU CATION)	TION, GIVE STREET			7, 1968		4:25	P. M
	arylander			5. USUAL RESIDENCE (Whe	re deceased li	ed. If institution: B. COUNTY	residence b	elare odmi	issian)
3501		St 21	218	A. STATE Maryland		D. COOITI			
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN Baltimore		D. INSIDE CIT	Y LIMITS?		
Female	White	WIDOWED				YES	s X	10 🗆	
9. DATE OF BIRTH	H 10. AGE	(In years If Me	Under 1 Yr. If Under 24 Hrs. onths Days Haurs Min.	Massaland Number	#430	11	-02		
Sept. 6,]	-			Marylander	7/430	100	-010		
	tate or lareign country	1) 12.	CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME					
	ore, Md.			Frederick I					
4A.USUAL OCCUI sone during most of w	PATION (Give kind of warking life, even if retire	ork 14B. KIND O	F BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NA					
Clerica			Tire Co.	Margaret Be	ernhar				
 WAS DECEASI Yes, no or unknown) 	ED EVER IN U.S. ARA (If yes, give war or da	MED FORCES? les of service)	17. SOCIAL SECURITY NO.	1B. INFORMANT			DRESS 2	-	
				Mary C. Wa.	ltjen,	sister,	1328	Broo	ok F
19. 5 7	1. 91		CAUSE OF DEA	ATH				ROXIMATE II	
DISEAS	E OR CONDITION D	RECTLY	Gastroin	testinal bleedir	ng				
	LEADING TO DEATH		/ANIMMEDIATE	CALISE					
(This does no	at mean the made of , asthenia, etc. It means	dying, e.g.,	(A)IMMEDIATE	AS A CONSEQUENCE OF:					
Injury or com	plication which caused	deoth.)							
AN	NTECEDENT CAUSES		Cirr	hosis					
DISEASES	OR CONDITIONS, IF A	ANY, GIVING	(B) DUE TO, OR	AS A CONSEQUENCE OF:					
UNDERLYIN	ABOVE CAUSE (A) S								
2			(C)						
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	() II	CONTRIBUTIN	G s						
TO THE DEA	TH BUT NOT RELATED	TO THE TERMINA		8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8					
20A. DATE OF			R WHICH OPERATION W	AS PERFORMED			21. AUTOF	SY? (Yes	or Na)
8 2							ye		
₹ 22A. EXTERI	NAL CAUSE WAS	1228	B. PLACE OF INJURY(e.g.	in or about 22C. WHERE DID	(If in Boltimo	re City, give exoc	t location)		
UNDERLYING	OR CONTRIB-	hor	ne, form, factory, street, offi	ce bldg., etc.) INJURY OCCUR?	(11 111 201111110	or city, give ende	. roconding		
¥ UTING LI CA ≥ 22D. TIME	USE OF DEATH. (Month) (Day) (Y	(ear) (Hour)	22E.INJURY OCCURRED	22F. HOW DID II	NILLIBY OCCI	ID2			
OF INJURY	() (,	ear) (maor)		T WHILE	WORL OCC	JK:			
(APPROX.)		m.		VORK					
	ify that it held an	Inquiry 🗌	Inspection Au	and that on	this basis	death In my o	ninlen.		
	1					_	1		
resu	ed from Natural	ausas [Accident Suici	de Hamicide CHIEF MEDICAL		ned manner L			
ACTUAL	D. ()	+11	110					DATE SIG	NED
SIGNATU		0 1	M.I			X			
EXAMINI NAME (T	ER'S Edward	d F. Wil	son, M.D.	ASSOCIATE MEDICAL	EXAMINER		May 1	8, 19	68
24A. BURIAL CREA	MATION, 24B. DATI	E I	24C. NAME of CEMETERY	or CREMATORY 124D	LOCATION	(City, town,	or county)	(St	ote)
REMOBALTE	1	1/68		emorial Park		imore,		(5)(
	BY HEALTH DEPT.		NE OF REGISTRAR	25C. FUNERAL DIREC	ok Fun	eral Ho	DRESS DMC	Inc.	
M	AY 2 1 1968	Upland	8, days	0 5 3331		s Lane	, .		

V.S. 153 5-28-68 M.H.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) D. INSIDE CITY LIMITS? NO If Under 1 Yr. Months Doys If Under 24 Hrs. 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS Same BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (City, town, or county) eceased the body SID ADDRESS 3 B VS 150-REV. 1/1/6B



68- 5313 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH REG. NO.
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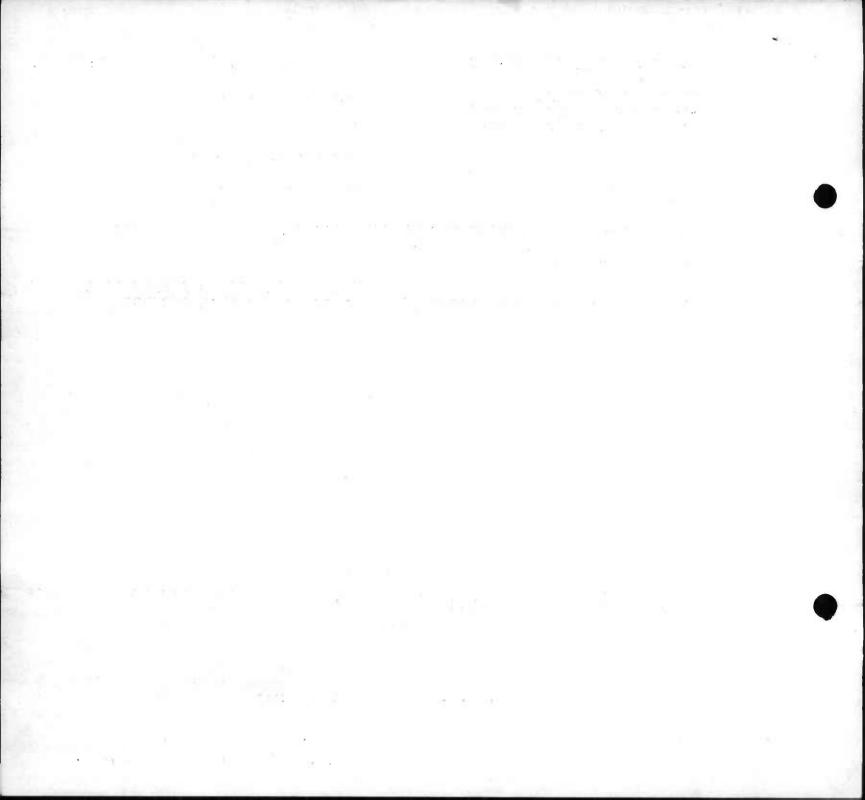
68-	5313

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PRACE IN BATHMORE MARTIAND, WHERE PRONOUNCED DEAD		DEATH Estimoted 5 15	1:09 a M.
ADDRESS OR COATION ADDRESS	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	,	Yeor Hour
\$ USDAY RESIDENCE (**One-of-occessed with a final minute residence herbore odmission*) \$ 107 N. Carey St. Room 10 \$ 107 N. Carey St. Room 10 \$ 108 N. RACE MARRIED NEVER MARRIED NEV			1068 1.002 4
107 N. Carey St. Room 10 Sex Pace S. Marbie D. More R. Maryland C. CITY OR TOWN C. CITY O	OR INSTITUTION ADDRESS OR LOCATION)	1104	
SEX			
MALEUM INDORES DIORCED DIORCED Balto. YESR NO DATE OF BIRTH ID. AGE file year If Under 1 xt Under 2 thr. thin 10 N. Carey Street BERLING OF BIRTH ID. AGE file year If Under 1 xt Under 2 thr. thin 10 N. Carey Street DESCRIPTION THE STATE			TO LUMBER
DATE OF BIRTH ID. AGE (In years) Months Doys; Nows; Minst Doys; Min	6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	TY WILLIAM
DATE OF BIRTH CLOSE (INC. 1) CLOSE	Male White WIDOWED DIVORCED	Balto. YE	SXX NO
1. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY) 13. FATHER'S NAME WHAT COUNTRY) 14. BIRTHPLACE (Store or foreign country) 14. BIRTHPLACE (Store or foreign country) 15. BIRTHPLACE (Store or foreign country) 16. BIRTHPLACE (Store or foreign country) 17. BIRTHPLACE (Store or foreign country) 18. INFORMANT 18. INFORMANT 18. INFORMANT 18. INFORMANT 19. BANDESS MADER NAME CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE DISEASE OR CONDITIONS, IF ANY, GIVING UNDERTING CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITION (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) F ANY, GIVING UNDERTING CONDITION (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) F ANY, GIVING UNDERTING CONDITION (S) (A)IMMEDIATE CAUSE BROOKED DISEASE OR CONDITIONS (S) ANTECEDENT CAUSES DISEASE SOR CONDITIONS (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) ANTECEDENT CAUSES DISEASE OR CONDITIONS (S) (A)IMMEDIATE CAUSE BROOKED (A)IMMEDIATE CAUSE BROOKED (A)IMMEDIATE CAUSE (B) ANTECEDENT CAUSES (B) ANTECEDENT CAUSES (B) ANTECEDENT CAUSES (B) ANTECED	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		
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MAINS 1300 CHOCO 4, THOUGH - 11 J Froman Homes. Made.		23C, FUNERAL DIRECTOR	Ellusneit
	MAY 22 1968 (1) D. B & talloons-	Highwoodnown I Homes	And 1
	VS 151-REV. 1/1/6B		

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

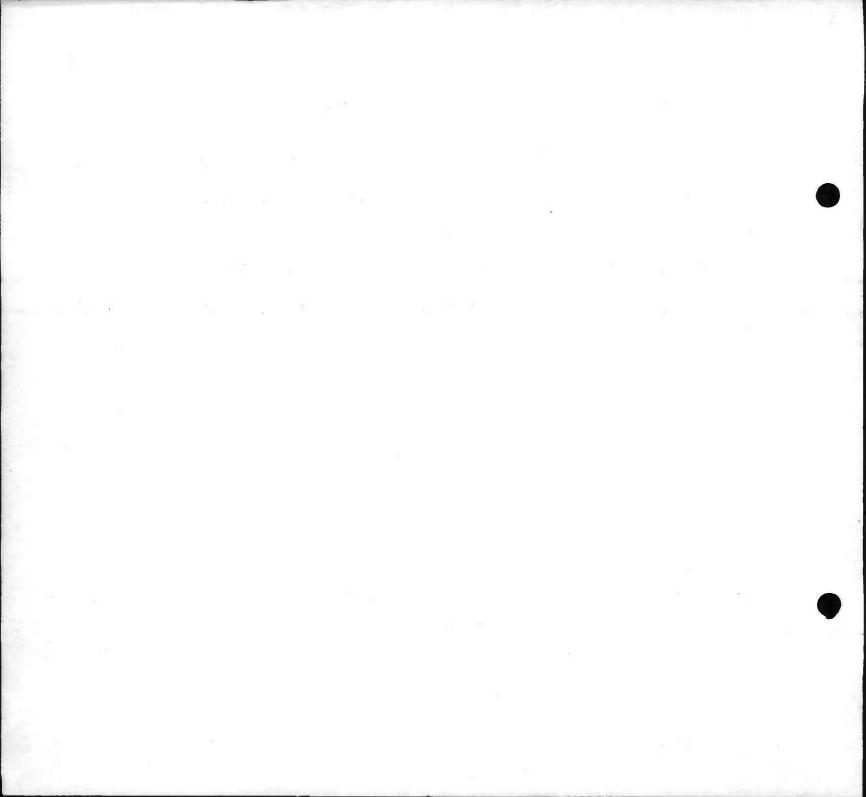
1	Far	20 5	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5314
V	292	68- 5	314 CERTIFICA	TE OF DEATH	REG. NO	00 0014
	H NO.		CERTITO		D HOUR OF DEATH	
	a as Brintle	I AM EDW	ARD	MAY 2	0, 1968	7:00 A. M.
3. P	LACE IN BALTIMORE, MARY	LAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceosed lived. If i	nstitution: residence before admission)
FILE	T AGNES HOSP STALLOWNS ANDRESS	TAL OR IN	STITUTION GIVE STREET	MARYLAND 21	061 40	1/2. 52-00
HO	SPHIALLOR NS AND DRESS	OK LOCKHOW F	NUE	C. CITY OR TOWN	Carry A Carry	SIDE CITY LIMITS?
	BALTIMORE MAR	YLAND 21	229	GLEN BURNIE		YES NO
1	4			E. STREET AND NUMBER		
1				BOX 151 SOLL	EY ROAD	
5. 5	ALE WHITE		IED NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A.	USUAL OCCUPATION (Give k	ind of work 108, KINI		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working lite, even		IDSON CHEMICA	L MARYLAND		USA
13. F	ATHER'S NAME	- 1- 11-		14. MOTHER'S MAIDEN NAM	A E	
1	WILLIAM JOHNS	ON		Hattie	(unknown)	
15. V	Vas Deceased Ever in U. S. A., no or unknown) (If yes, give w	Armed Forces?	1 6. SOCIAL		CATON AVE	NILE OADDRESS
	, no or unknown) (III yes, give w	or or doles of servi	security No. 215077786			CORDS
	1B. \ \ \ \		CAUSE OF DEATI	1		APPROXIMATE INTERVAL
	DISEASE OR CONDI	TION DIRECTLY		11	1	BETWEEN ONSET AND DEATH
	LEADING TO		(ASIMMEDIATE CAU	SE Hollaken -	Solerea	ne l
	(This does not mean the heart foilure, osthenio, etc.		e.g., DUE TO OR AS	A CONSEQUENCE OF: ACT OF	10	
	injury or complication which		An.	2 - 2- 20	2. 2 - 2 (>
	ANTECEDENT	CAUSES	- Xakak	DUBLES (NEX	regisa	
	DISEASES OR CONDITIO	NS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF	·····	
	rise to the above cou UNDERLYING CONDITION		(C)			11/50
		1031.	(6/			
Z	20/X II	ONS CONTRIBUTI	NG 1		/	
ATIO	TO THE DEATH BUT NOT REL	ATED TO THE TERMIT		munaf Na	uli tu	Curry
	19A. DATE OF OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21 A. ACCIDENT WAS UNDE	RLYING	218 PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact location)
CAL	OR CONTRIBUTING CAUS	E O F	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
	21 D. TIME (Month) (Doy OF INJURY	(Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
2	(APPROX.)		While At Not While Work At Work	e		
1	22. I certify that (f) (this	basnital) attend		17. 1	9 68 ta MAY	20 19 68 ,
	that (I) (we) last saw the	deceased alive	an MAY 20	19. 68 and the	4.4	inian deoth accurred on the dote
	ond hour and from the car	ses stoted obov	e. (1) (We) (did) (did not) v	iew the body ofter deoth.		
	23A. SIGNATURE	1 1				23 B. DATE SIGNED
	1/11	Meny)	H. J. D. Atte	nding Med. Director	Staff Phys.	5-20-68
	23C. PHYSICIAN'S	- topo	Jan, DEGREE	23D. ADDRESS	BALTIMOR	RE MD 21229
	NAME SType) CARO	LYN PASS	, M.D.	ST AGNES HOSP	ITAL WILK	CENS & CATON AVE
24A	BURIAL CREMATION, 248.	DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. LC	OCATION (C	City, town, or county) (State)
E	REMOVAL (Specify)	3 May 68	Glen Haven Memo	rial Pk. Gl	en Burnie,	Maryland
25A	DATE REC'D BY HEALTH D	-	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		
	WINI WA	ALPAN	M) C Dundland	1 2 9 1 1		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	00 5	BALTIMORE CITY	HEALTH DEPARTMENT	10	60 5045
PIDTI	58- 50	315 CERTIFICA	TE OF DEATH	REG. NO	55- 5315
1.NA	ME OF DECEASED	5A1 1		6 HOUR OF DEATH	- 930 M
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PROI	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before atlmission)
HOS	NAME OF (IF NOT IN HOSPITAL OR INS	A	C. CITY OR TOWN	BALTOC	DE CITY LIMITS?
	MERCY		ESSEX		YES NO P
0	37	- 5	1630 CAPE	MAY B.	EACH RD.
5. SE	MARKI	ED NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
LOA I	JSUAL OCCUPATION (Give kind of work 10B, KIND		MAR. 13 1905	6 3	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)		THE STATE OF THE S	gii coomiy/	USA
13. E/	ATHER'S NAME	CLEANING	14. MOTHER'S MAIDEN NAM	A F	UJIT
13. FA					
14 W	ENRY C, PATTIS os Deceased Ever in U. S. Armed Forces?	7 LL	MATTIE 0	DELL	ADDRESS
(Yes, r	no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.			ADDIC.33
	NK	231-09-9660	01 111 1111	TISALL	A BOVE
	BUSEAST OR CONDITION DIRECTLY	CAUSE OF DEAT	, ,	0 5	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A DAMEDIATE CAL	. massine	(a. 0)	humos
	This does not mean the mode of dying, e nearl failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:	()	7
	njury or complication which caused death.)	36,			
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, giving	3	A CONSEQUENCE OF:	***************************************	
	ise to the obove cause (A) stating t JNDERLYING CONDITION lost,	(C)			· · · · · · · · · · · · · · · · · · ·
	163 X II	· 0 ·	DAT.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINA		Wation		1.71
A D	DISEASE OR CONDITION GIVEN IN PART 1 (A).		20A. AUTOPSY? (Yes or No	208 IE VES WEDE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	N WITCH O'ERAHON	No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
1 A	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
		21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		While At Not While Work At Work			-1. /
2	2. I certify that (I) (this haspital) attende		5/12/68	0 10 2	1/9/6/101
	hat (1) (we) last saw the deceosed alive a	-10/16	19 and the	nt In (my) (qut) qui	nian death occurred on the date
11 1	and have and from the causes stated abave	- / (B-/ F) U		ar mility, (adi, apr	man acam occorred on the date
	3A. SIGNATURE,	. (1) (We) Xana) (ala hai) V	Tew file budy difer death.		23 B. DATE SIGNED
	AH /5/1/ada	Dhu	nding Med.	Staff Phys.	5/19/68
2	3C. PHYSICIAN'S	DEGKEE	23D. ADDRESS	ritys.	0/1/00
	Dadalhamid Gh	iladi	Mercy Un	SPILO	•
		NAME of CEMETERY OF CRI	MATORY 24D. LO	CATION (Ci	ity, town, or county) (State)
	REMOVAL (Specify) 5/22/68 5	DOLA CCICIA	eva		
25A.	DUNIAL	E OF REGISTRAR	25C, FUNERAL DIRECTOR	ESVILLE N	ADDRESS
	MAY 22 1968 A 0	R. P. Fr. Owne	Comolle	FH.	300 horse
1/5 1/	50-REV. 1/1/68	CALL STATE OF THE	- my	1-4-1	



BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 68- 5316 CERTIFICA	TE OF DEATH REG NO. 68- 5316	
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) WATIES, MOHR	may 18 681 7:00	A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before a	dmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTIMORE S C. CITY OR TOWN D. INSIDE CITY LIMITS?	-00
CHURCH HOME & 405P.	BALTIMORE YES P NO	
16	E. STREET AND NUMBER	
00 N. BrOADWAY, BALT. MD.	1702 OAKFIELD AVE 21221	
S. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		er 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
done during most of working life, even if retired) HOUSE WIFE HOUSE MAKER	BARYLAND AMERICA	11)
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ADAM SAPP	ANNIE HILLIMAN	
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 1 ADDRESS 1 702 OAI	10.000
Nn 212 03 83	65 GENEVIEVE MOHR AVE.	FIELD
18. 18. 9 CAUSE OF DEAT	H APPROXIMATE IN	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET A	ND DEATH
LEADING TO DEATH	USE CA OF STOMACH TO METATAGET !?)
heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
injury ar camplication which coused death.)	UTESTIAM ORSTPHETON	
ANTECEDENT CAUSES (B)	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS		
UNDERLYING CONDITION lost. (C)	11 6011 CALLO ISTONA	
z 15/ X II		- 1.01
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN THE DEATH BUT NOT RELATED TO THE TERMINAL	TI HEILITUS	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A). □ 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION • • • • • • • • • • • • • • • • • • •	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED	
5-7-68 WAS PERFORMED OBSTVUCTO	IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i) OR CONTRIBUTING CAUSE OF home, form, foctory, street, o	in or about 21 C. WHERE DID (If In Baltimore City, give exact lacation)	- 11-
DEATH (notify medical examiner) etc.)	mee stage, have a cook.	
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	e	
22. I certify that (1) (this haspital) attended the deceased fram		68.
that (1) (we) last sow the deceased alive an 5-18 68	19and that in(my) (aur) apinion deoth accurred an	
ond haur and fram the causes stated abave. (1) (We) (did) (did nat)		The date
23A. SIGNATURE	238. DATE SIGNED	
Licenson W. Mason U-Down Phy	ending Med. Staff	?
23C. PHYSICIAN'S	23D. ADDRESS	<i>'</i>
NAME (Type) Richards Milliages His	CHURCH HOME & HOSDITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, to on, or county)	(Stote)
REMOVAL (Specify)		
Burial 5-21-1968 Zion Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Baltimore Co. Md	,
MAY 22 1968 R. P. 62 Casheria	O Spel Find La Zea Bola	DI
VS 150-REV. 1/1/6B	January Mora 1 to 1 Isan	1

Design to the control of the control STATE OF CALLE PARTY 257 may 127 x 1 977 1077 1078 1079 1079 O'N rosen No over MISSEL HITURALLHE CHERCH HUNG + 1shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who proposed downships.

VS 150-REV. 1/1/68

68- 5317

I, NAME OF DEC		·			2. DATE A	ND HOUR OF DEAT	ГН	
(Type or Print)	Robert B	. Willmo	ore		5-18	3-68		
3. PLACE IN BAL	TIMORE, MARYLAND,	The same that the countries of the	and the same of th	A. STATE	RESIDENCE (Who	ere deceased lived. H	f institution: re	sidence before admis
FULL NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	THON, GIVE STREET	Mo			1	44
HOSPITAL OR	ADDRESS OR EC	CATION		C. CITY OR		D.	VSIDE CITY LI	MITS?
		4		Bal			YES X	NO
2836	Edmondso	n Avenue	е		AND NUMBER			
00					Edmonde			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under Months!	Days Hours Mi
Male	Negroid	WIDOWED [DIVORCED _	7-12-	-97	70		
	UPATION (Give kind of v		BUSINESS OR INDUSTRY				12. CITIZ	EN OF WHAT COUN
done during most of	working life, even if retire	od)		Man	ryland		11	S.A.
							0.	5.A.
13. FATHER'S NA!	Robert W	i 7 massa		14. MOTHE	R'S MAIDEN NA	WE		
	Robert W	TIMOre			Laura			
15. Wos Deceosed	Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORM	ANT			ADDRESS
(Yes, no or unknown	(If yes, give wor or o	dates of service)	SECURITY NO.					
no			216077759	Mari	tha Wilm	ore 2836	Edmon	dson Ave.
1B.	0,0		CAUSE OF DEAT	TH _				APPROXIMATE INTER
injury or con	osthenia, etc. II med aplication which caus ANTECEDENT CAUS	sed deoth.)	DUE TO, OR AS		/	1		- / /
		363	(B) Hosh	erten	LEVE CA	de percula	was.	Huknon
iise to the	OR CONDITIONS, e obove cause (. G CONDITION lost.	if any, giving	(B) FO DUE TO, DA AS	esteu S A CONSEQU	JENCE OF:	dio percul	uQ.	Hulmon
underlying	DR CONDITIONS, e obove cause (. G CONDITION lost.	if any, giving A) stating the	//		JENCE OF:	dis/krevel	le Qs.	Hilmon
UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING UNDERLYING	OR CONDITIONS, e obove cause (. G CONDITION lost. II FICANT CONDITIONS (III)	if any, giving A) slating the CONTRIBUTING OTHE TERMINAL	//		JENCE OF:	dio Variale	h.a.	Hulmon
UNDERLYING UNDERLYING OTHER SIGNIF	OR CONDITIONS, e obove cause (. G CONDITION lost. IL FICANT CONDITIONS () IN BUT NOT RELATED TO ONDITION GIVEN IN OPERATION 1986. C	if any, giving A) stating the CONTRIBUTING O THE TERMINAL PART I (A).	(c)		JENCE OF:		RE FINDINGS	
UN DERLYING OTHER SIGNIE TO THE DEAT DISEASE OF CO 19A. DATE OF 21A. ACCIDE OR CONTRIBUT DEATH (notify)	OR CONDITIONS, e obove cause (. G CONDITION lost. IL FICANT CONDITIONS () IN BUT NOT RELATED TO ONDITION GIVEN IN OPERATION 1986. C	if any, giving A) stating the CONTRIBUTING O THE TERMINAL PART I (A). CONDITION FOR V PERFORMED [218.	VHICH OPERATION PLACE OF INJURY (e.g., e., form, factory, street, c.	20 A. AU	TOPSY? (Yes or N	o) 20B. IF YES, WEI	RE FINDINGS CAUSES OF I	
OTHER SIGNIE TO THE DEAL DISEASE OR CO DISEASE OR CO DISCASE OR CONTRIBUTE DEATH (nailfy) DEATH (nailfy)	OR CONDITIONS, e obove cause (. G CONDITION lost, II FICANT CONDITIONS (IN BUT NOT RELATED TONDITION GIVEN IN CONDITION GIVEN IN CONDITIONS (IN GOVERN) TO PERATION (IN GOVERN) NT WAS UNDERLYING (IN GOVERN) THE OF CAUSE OF	if any, giving A) stating the CONTRIBUTING O THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED 21B. hom etc.)	VHICH OPERATION PLACE OF INJURY (e.g., e., form, factory, street, c.	in ar obout 21	TOPSY? (Yes or N	O) 20B. IF YES, WEI IN CERTIFYING	RE FINDINGS CAUSES OF I	DEATH?
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OTHER SIGNIE TO THE DEAT OF INJURY (APPROX.)	OR CONDITIONS, e obove cause (. G CONDITION lost, II FICANT CONDITIONS (III) FICANT CONDITIONS (III) FICANT CONDITIONS (III) FICANT CONDITIONS (III) FICANT CONDITION (IVEN IN III) FICANT CONDITION (IVEN III) FICANT CONDITIONS (IVEN III) FICANT CON	if any, giving A) stating the CONTRIBUTING O THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED 21B. hom etc.) (Hour) 21E. Whi	VHICH OPERATION PLACE OF INJURY (e.g., e., form, factory, street, c.) INJURY OCCURRED IL At Not White At Work	in ar obout 21 office bldg.,	TOPSY? (Yes or N	0) 20B. IF YES, WEI IN CERTIFYING (If In Baltin	RE FINDINGS CAUSES OF I	DEATH?
OTHER SIGNIE TO THE DEAL TO THE DEAL TO THE DEAL TO THE DEAL OF CONTRIBUTION OF INJURY (APPROX.)	OR CONDITIONS, e obove cause (. G CONDITION lost. II FICANT CONDITIONS III BUT NOT RELATED TO NOTITION GIVEN IN FOPERATION 1798. C WAS INT WAS UNDERLYING TING CAUSE OF Medical examiner) (Month) (Day) (Yethous the control of the c	if any, giving A) stating the CONTRIBUTING O THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED 21B. hom etc.) (Hour) 21E. Whi Wor	VHICH OPERATION PLACE OF INJURY (e.g., e., form, factory, street, c.) INJURY OCCURRED IL AI Not White At Work the deceased from	in ar obout 21 office bldg., IN	TOPSY? (Yes or N C. WHERE DID JURY OCCUR? F. HOW DID IN	(If In Baltin	RE FINDINGS CAUSES OF E	DEATH?
OTHER SIGNIE TO THE DEAL TO THE DEAL TO THE DEAL TO THE DEAL OF CONTRIBUTION OF INJURY (APPROX.)	OR CONDITIONS, e obove cause (. G CONDITION lost. II FICANT CONDITIONS III BUT NOT RELATED TO NOTITION GIVEN IN FOPERATION 1798. C WAS INT WAS UNDERLYING TING CAUSE OF Medical examiner) (Month) (Day) (Yethous the control of the c	if any, giving A) stating the CONTRIBUTING O THE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED 21B. hom etc.) (Hour) 21E. Whi Wor	VHICH OPERATION PLACE OF INJURY (e.g., e., form, factory, street, c.) INJURY OCCURRED IL AI Not White At Work the deceased from	in ar obout 21 office bldg., IN	TOPSY? (Yes or N C. WHERE DID JURY OCCUR? F. HOW DID IN	(If In Baltin	RE FINDINGS CAUSES OF E	DEATH?
OTHER SIGNIFT TO THE DEAT TO THE DEAT OF DEATH (natify OF INJURY (APPROX.) 1 See 10 Individual of the United States or CO. 19 A. DATE OF DEATH (natify OF INJURY (APPROX.) 22. I certify that (I) (we)	OR CONDITIONS, e obove cause (. G CONDITION lost. II FICANT CONDITION S IM BUT NOT RELATED TONDITION GIVEN IN OPERATION 198. C WAS I NT WAS UNDERLYING THOUGHT (Month) (Day) (Ye that (I) (this hospillost sow the dece	CONTRIBUTING OTHE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED G 218, hom etc.) cor) (Hour) 21E. Whi Wor	VHICH OPERATION PLACE OF INJURY (e.g., e., farm, factary, street, or injury occurred le At Work at wo	in ar obout 21 office blog., IN	TOPSY? (Yes or N C. WHERE DID IJURY OCCUR? F. HOW DID IN	O) 20B. IF YES, WEI IN CERTIFYING (If In Baltin JURY OCCUR?	RE FINDINGS CAUSES OF E	DEATH? e exact lacation)
OTHER SIGNIFT TO THE DEAT TO THE DEAT OF TO THE DEAT OF TO THE DEAT OF THE DEATH (natify (APPROX.) 22. I certify that (I) (we) and hour and the contract of the death (natify (APPROX.)	OR CONDITIONS, e obove cause (. G CONDITION lost. II FICANT CONDITIONS (IN BUT NOT RELATED TONDITION GIVEN IN 198. COMMAS IN TWAS UNDERLYING) (Month) (Day) (Ye) thot (I) (this hospit lost sow the deceived from the couses:	CONTRIBUTING OTHE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED G 218, hom etc.) cor) (Hour) 21E. Whi Wor	VHICH OPERATION PLACE OF INJURY (e.g., e., form, factory, street, c.) INJURY OCCURRED IL AI Not White At Work the deceased from	in ar obout 21 office blog., IN	TOPSY? (Yes or N C. WHERE DID IJURY OCCUR? F. HOW DID IN	O) 20B. IF YES, WEI IN CERTIFYING (If In Baltin JURY OCCUR?	RE FINDINGS CAUSES OF E	DEATH? e exact lacation)
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OTHER SIGNIE TO THE DEATH (natify) 21A. ACCIDE OR CONTRIBL DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATO	OR CONDITIONS, e obove cause (. G CONDITION lost. II FICANT CONDITION SITE AND THE BUT NOT RELATED TO NOTITION GIVEN IN THE BUT NOTITION GIVEN GRAPH TO THE BUT NOTITION GIVEN GI	CONTRIBUTING OTHE TERMINAL PART 1 (A). CONDITION FOR V PERFORMED G 218, hom etc.) cor) (Hour) 21E. Whi Wor	VHICH OPERATION PLACE OF INJURY (e.g., e., farm, factory, street, c.) INJURY OCCURRED ILE At Not Whick At Work The deceosed from	20A. AU in ar obout 21 office bldg., IN 21 21 view the bo	TOPSY? (Yes or N C. WHERE DID JURY OCCUR? F. HOW DID IN dy ofter deoth. Med. Director	O) 20B. IF YES, WEI IN CERTIFYING (If In Baltin	RE FINDINGS CAUSES OF E	DEATH? e exact lacation) 19 6 th occurred on the
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201	BALTIMORE CITY HEALTH DEPARTMENT
200	BIRTH NO. 68- 5318 CERTIFICATE OF DEATH REG. NO. 68-249
and eath ased the	INAME OF DECEASED 2. DATE AND HOUR OF DEATH
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of of the control of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B. COUNTY
Se 350 300 300 dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 520. Alle Not 10 St. Baltimore Mc121324
da o	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY MAITS?
use ten	Dukeland Nurseing Home BATTMONE, All. NO.
rior .	1501 Dukeland St. Balto, Mid. 1501 Dukeland NURSEing Homes
ar ar de.	S SEV 16 BACE 17
trib nin gut sed	MARRIED NEVER MARRIED Never MARRIED Novi Hours Min.
e de de si	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT. COUNTRY?
de la	done during most of working tife, even if retired)
de de de sit con la contra de sit contra de	13. FATHER'S NAME
was the spos	Richard Roots Allow Washington
4 4 gi	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT / ADDRESS
isto he cin dea nal	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
if the interpretation of the	18. CAUSE OF DEATH APPROXIMATE INTERVAL
o, io, io, io, io, io, io, io, io, io, i	DISEASE OR CONDITION DIRECTLY
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a ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by 2) B 2) B e ti phy ore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) loome, form, foctory, street, office bldg., INJURY OCCUR?
+= > = = =	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
by pit wh Wh	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
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app to the of an of an of an of an of an	that (1) (we) last saw the deceased alive an 5/20 19 6 and that in (my) (aur) apinian death occurred an the date
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ust be a pased to dent of ospital death) must be	23A. SIGNATURE
elec ccid ccid to to to	Attending Med. Shoff S /21/68
ac ac	23C. PHYSICIAN'S NAME (Type)
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Ks: Ks:	Burial 5-24-68 Wayland Cemetery Matthews Co., Va.
This certif the body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
- + v > 0 >	VS 150-REV. 1/1/68 12 1968 12
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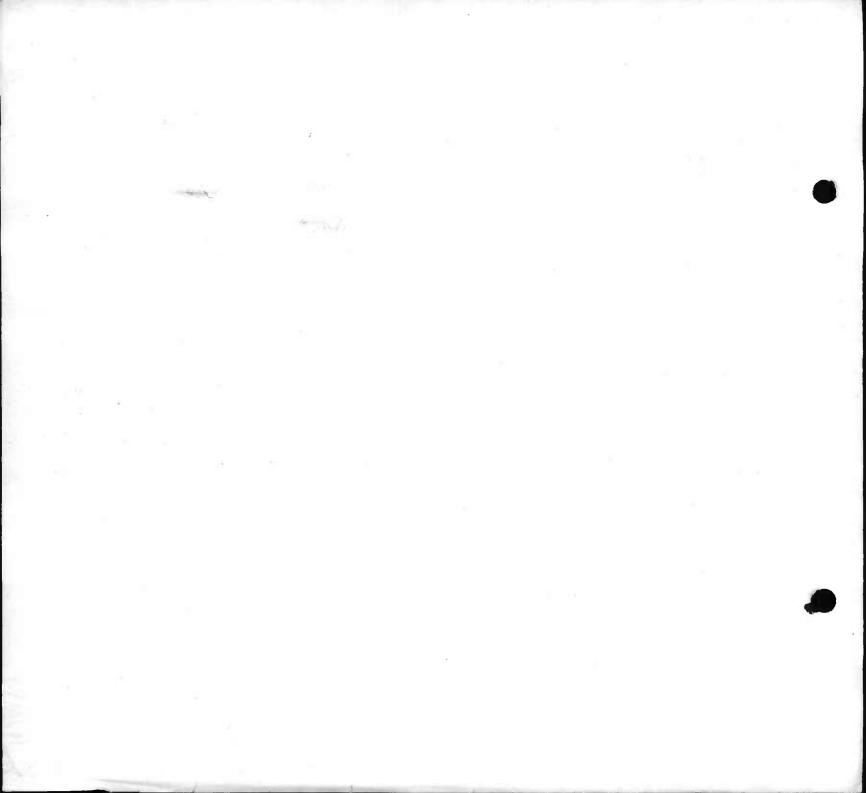
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	68	5319

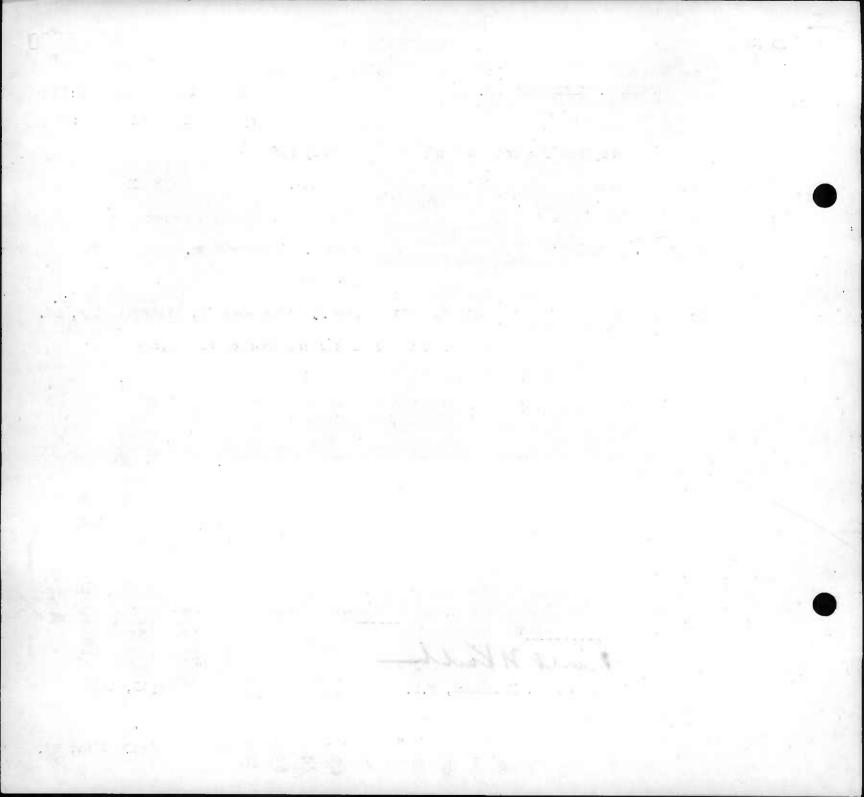
2	BIRTH NO. CERTIFICA	TE OF DEATH
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to	INSTITUTION	C. CITY OR TOWN D'S INSIDE CITY LIMITS?
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death ce on nal d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
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0	that (1) (we) last saw the deceased alive an 5 1 20	19.65 and that in(my) (owe) apinian death accurred an the date
ا ج ج و ج	and haur and from the couses stated abave. (1) (We) (did) (did not) v	
a hospital r to death) ral must be	23A SIGNATURE	238. DATE SIGNED
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무수무	OEGREE Phys	Director Phys.
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pr	FOWARD A. JERSON / 1/2,	universe) of Mayers Modern
o b	24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
D.(ase	Burial 5-23-68 Arbutus Me	on Pt Achudus Noulland
i t	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
was D.O.A. at a ho deceased prior to written approval n	MAY 22 1968 R. C. S. C.	Orosox F. H. 1348 N. Calhaun St.
		15/



68- 5320 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEA	AT	D	F	0	E	AT	C	FI	T	CEF	'S	1ER	AIN	AM	EX	AL	EDIC	٨
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			MED	ICAL	EXAMINER'S	CERTIFI	CATE O	F DEAT	H REG. NO.	68	- 5320
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6. 5	SEX	7. RACE	land G	1.	al Hospital RIED NEVER MARRIED [C. CITY OF	Maryland TOWN		D. INSIDE CI	The Parket of th	2
	Male	White	10. AGE (In		If Under 1 Yr. If Under 24 Hrs	E. STREET	Balto. AND NUMBER		1 Ove	s XX	VO
	Feb 20	1922	lost birthdoy	/)	Months, Doys, Hours, Min	?	107 S.	Carey	Street	t	
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don	during most of w	orking life, ev	en ifretired)		5 61 503114E33 61 1115 631		Moxley		V		
16. (Yes	WAS DECEASE , no or unknown) YES	ED EVER IN (If yes, give v	U.S. ARMED	FORCE of service	5? 17. SOCIAL SECURITY NO. 213 12 7011 CAUSE OF DE.		MANT A	everth		cott C	ood Dr.
CERTIFICATION	(This does not heart foilure, injury or com AN DISEASES CRISE TO THE UNDERLYIN OTHER SIGN	NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	mode of dyi . It means the ch coused dec CAUSES ONS, IF ANY USE (A) STAT	disease, oth.) , GIVING THE	(B)(B)(C)	AS A CONSE					
ERTIF			GIVEN IN PA). I FOR WHICH OPERATION V	VAS PERFOR	MED			21. AUTO	PSY? (Yes or No)
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	A. BURIAL CREA	MATION,	5/18/6		Good Shephe		ORY 2	Ellicot		n, or county)	
25	A. DATE REC'D		DEPT. 1968 (25B. 1	NAME OF REGISTRAR	Hig	inbothom neral ho	Slack	E] 1 î	cott C	ity, Md.
110	mess - 10 /4 d			4	on the		111-01				



•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
cate must be approved by	y the chief medical examiner ital by a medical examiner.	proved by the chief medical examiner or his assistant if death occurred in a hospital and—the hospital by a medical examiner. Also, if the direct or contributing cause of death
An accident of any nature	e; (2) Body burns; (3) A fractu	iny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
. at a hospital (except w	here the physician who pro	except where the physician who pronounced death was in regular attendance on the
prior to death); and (6) P	No physician was in regular	attendance on the deceased prior to death. Such
proval must be obtained	hefore the remains are emba	proval must be obtained before the remains are embalmed or final disposition is made.

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BALTIMORE CITY HEALTH DEPARTMENT 68- 5321 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE AND HOLLS OF DEATH SEIFFAT (Type or Print) GFORGE 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD A USUAL RESIDENCE (Where deceased lived If institution; residence before admission) A STATE B. COLINTY Md FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C CITY OR TOWN INSIDE CITY HMITS? BALTIMORE YES X NO HARPITAL UTHERAN E. STREET AND NUMBER WASHINGTON 5. SEX 6. RACE tf Under 24 Hrs. B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. Months: Days MARRIED NEVER MARRIED Hours lost hirthdox WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stoke or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chauffeur Diamond Cab Co. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kathrine Ditzel Adam Seifert 15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No 215-03-4760 Mrs. Thelma M. Seifert, 882 Washington Blvd. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY MYOCARDIAL INFARTT LEADING TO DEATH HOURS (This does not mean the mode of dving, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ASCVD DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if onv. giving to the obove cause (A) stoting the UNDERLYING CONDITION last. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING INBETES YEARS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? Ü 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ō 21 D. TIME (Month) (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While [While At F (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending | approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) LUTHERAN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Loudon Park Cemetery Baltimore, Maryland 258. NAME OF REGISTRAR 25C FUNERAL DIRECTOR 25A, DATE REC'D BY HEALTH DEPT. ADDRESS

VS 150-REV. 1/1/68

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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Marketine A. Carl

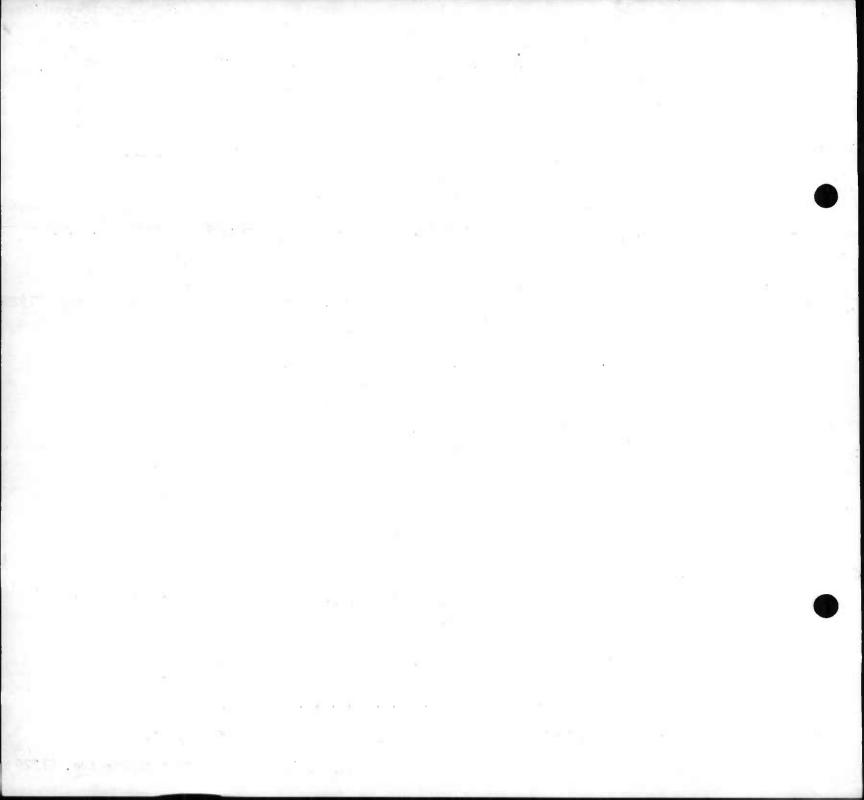
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BIRTH NO. 1. NAME OF DECEASED E. (Type of Print) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION WAT BOLT MORE S. SEX 6. RACE 7. MARRIED NO. 14. USUAL RESIDENCE (Where deceased lived. If institution: residence 8. COUNTY Maryland C. CITY OR TOWN Orchard Beach E. STREET AND NUMBER 1.006 Beech Promenade S. SEX 6. RACE 7. MARRIED NO. 1. MARRIED NO. 1. A. USUAL RESIDENCE (Where deceased lived. If institution: residence 8. COUNTY Maryland C. CITY OR TOWN Orchard Beach E. STREET AND NUMBER 1. DO06 Beech Promenade 1. DO06 Beech Promenade 1. DO06 Beech Promenade 1. SEX 1. MARRIED NO. 1. MARRIED NO. 1. MARRIED NO. 1. MARYLAND NO. 1. MARRIED NO. 1. MARYLAND NO. 1. MARRIED NO. 1. MARYLAND NO. NO. NO. NO. NO. NO. NO. N
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3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION SOUTH BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN Orchard Beach E. STREET AND NUMBER 1006 Beech Promenade S. SEX Male White WIDOWED DIVORCED 9-25-1939 104. USUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUSTRY) 106. HOSPITAL OR INSTITUTION, GIVE STREET Maryland 107. MARRIED Maryland 108. Maryland 109. AGE (In yeers lift Under 1 Yr. Menths; Deys 28) 109. AUSUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUSTRY) 109. AGE (In yeers lift Under 1 Yr. Menths; Deys 28) 109. AUSUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUSTRY) 109. AGE (In yeers lift Under 1 Yr. Menths; Deys 28) 109. AGE (In yeers lift Under 1 Yr. Me
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SOUTH BOLT, MORE BENEFIT HOSPITAL STREET AND NUMBER 1006 Beech Promenade S. DATE OF BIRTH 9. AGE (In yeers lest birthdey) 9-25-1939 100. USUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUSTRY) Maryland 10. INSIDE CITY LIMITS? Orchard Beach E. STREET AND NUMBER 1006 Beech Promenade 11. BIRTHPLACE (Stelle or fereign country) Maryland 12. CITIZEN OF MARYLAND WAS Deceased Ever in U. S. Armed Ferces? (Yes, ne et unknewn) (If yes, dive wer et deless of service) 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, ne et unknewn) (If yes, dive wer et deless of service) 16. SOCIAL SECURITY NO 17. INFORMANT ADDITIONAL ARCHITCHE AND ARCHITCHE AND ARCHITCHER AND
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN Or chard Beach E. STREET AND NUMBER 1006 Beech Promenade S. SEX 6. RACE 7. MARRIED X NEVER MARRIED Male White Whowen Unite Whowen If Under 1 Yr. Menths: Deys 10A. USUAL OCCUPATION (Give kind of werk 108, KIND OF BUSINESS OR INDUSTRY) Maryland 13. FATHER'S NAME Charles Char
Orchard Beach E. STREET AND NUMBER 1006 Beech Promenade SEX 6. RACE White WIDOWED DIVORCED 9-25-1939 28 WIDOWED DIVORCED 9-25-1939 10. CIT ON TOWN Orchard Beach E. STREET AND NUMBER 1006 Beech Promenade 9. AGE (In yeers lest birthdey) 9-25-1939 28 If Under 1 Yr. Menths: Deys 28 OA. USUAL OCCUPATION (Give kind of werk 108. KIND OF BUSINESS OR INDUSTRY) In BIRTHPLACE (Stele or fereign ceuntry) Waryland 3. FATHER'S NAME Charles E. Deuchler, Sr. S. Was Deceased Ever in U. S. Armed Ferces? S. Was Deceased Ever in U. S. Armed Ferces? S. Was Deceased Ever in U. S. Armed Ferces? S. Was Deceased Ever in U. S. Armed Ferces? S. Was Deceased Ever in U. S. Armed Ferces? S. FCURITY NO. 17. INFORMANT ADDITION ADDITIO
South Bolt: More Beneral Hospital E. STREET AND NUMBER 1006 Beech Promenade S. SEX 6. RACE White Widowed Divorced 9-25-1939 28 If Under 1 Yr. Menths: Deys Widowed Divorced 9-25-1939 10. Birthplace (Stete or fereign country) Waryland 13. FATHER'S NAME Charles Charl
South Bolt-more Beneral Hospital 1006 Beech Promenade S. SEX 6. RACE Male White Widowed Divorced 9-25-1939 100. USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY) Manual Occupation (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY) Maryland 13. FATHER'S NAME Charles
S. SEX Male White Widowed Divorced Divorced 9-25-1939 10. USUAL OCCUPATION (Give kind of werk loss, kind of werking life, even if retired) Maryland 13. FATHER'S NAME Charles
Male White WIDOWED DIVORCED 9-25-1939 28 Personal Process of Services Divorced 108, USUAL OCCUPATION (Give kind of werk loss, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or fereign country) U.S.A. Maryland 13. FATHER'S NAME Charles E. Deuchler, Sr. Lola L. Bruce 15. Was Deceased Ever in U. S. Armed Ferces? (See ver ice) (Security) NO. (See ver ice dees of service) (See ver ice dees o
10A. USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or fereign country) dense during most of werking life, even if retired) 12. CITIZEN OF U.S.A. Maryland 13. FATHER'S NAME Charles E. Deuchler, Sr. Lola L. Bruce 15. Was Deceased Ever in U. S. Armed Forces? (Yes.ne et unknewn) [17. INFORMANT ADDITIONAL SECURITY NO. 17. IN
U.S.A. Maryland 13. FATHER'S NAME Charles E. Deuchler, Sr. IS. Was Deceased Ever in U. S. Armed Ferces? (Yes.ne et unknewn) lift yes, give wer er detes of service) 16. SOCIAL (Yes.ne et unknewn) lift yes, give wer er detes of service) 17. INFORMANT ADDITIONAL SECURITY NO
Maryland 13. FATHER'S NAME Charles E. Deuchler, Sr. Lola L. Bruce 15. Was Deceased Ever in U. S. Armed Ferces? (Yes ne et unknewn) life yes, give wer er detes ef service) FCURITY NO. 16. SOCIAL SECURITY NO.
Charles E. Deuchler, Sr. Lola L. Bruce 15. Was Deceased Ever in U. S. Armed Ferces? (Mes.ne.et unknewn) [16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, ne et unknewn) (If yes, give wer er detas of service) SFCURITY NO
15. Was Deceased Ever in U. S. Armed Ferces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 18. Was Deceased Ever in U. S. Armed Ferces? 18. Was Deceased Ever in U. S. Armed Ferces? 19. SOCIAL 17. INFORMANT
220-36-6970 Mrs. Hannah Deuchler, 1006 Beech
CAUSE OF DEATH () Q Q Q Q A A Q
BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(A) IMMEDIATE CAUSE
(This does not mean the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
injury ar camplication which coused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
rise to the obave cause (A) stoting the UNDERLYING CONDITION last. (C)
_ 193.0 II
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSINCE IN CERTIFYING CAUSES OF DEATH
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in er ebout 21C. WHERE DID home, form, fectory, street, office bldg., INJURY OCCUR?
DEATH (notify medical exominar)
21D. TIME (Menth) (Dey) (Yeer) (Heur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Werk Net While At Werk
22. I certify that (I) (this hospital) attended the deceased fram
that (1) (we) last sow the deceased alive on
ond hour and fram the couses stated above. (1) (We) (did) (did not) view the bady ofter death.
23A. SIGNATURE
Willeam & March MD souss Phys. Director Director Phys. B 5-1
23C. PHYSICIAN'S 23D. ADDRESS
NAME (Type) South Baltimore General Hospital,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or coun
REMOVAL (Specify)
Burial 5-22-1968 Loudon Park Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AI

. . South Beatmour Barrelle May Dec.

VS 150-REV. 1/1/6B



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH DEPARTMENT 68 5324
BIRTH NO. 68- 5324 CERTIFICA	TE OF DEATH REG. NO. 100 JOE4
BIRTH NO.	IL OI DEATH
(Type or Print) G Cover Rackel	2. DATE AND HOUR OF DEATH. 9 30 5/20/64 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Wifere deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	C. CITY OR TOWN C. TITY OR TOWN C. STATEMENT OF THE STATEMENT LIMITS RES IN NO INCIDENT LIMITS NO INCI
28 university (Nospital	F STREET AND NUMBER
38	209 W Mish 12
5. SEX 6. RACE WIDOWED DIVORCED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years of the state of the st
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even il retired) N	N. Corolina USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Bowne	Carrie Graham
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) **To Security No.**	17. INFORMANT Sister Mongeoly 255 Ridge Are
18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	M P
LEADING TO DEATH	SE MASSILL DOMONTAGE IN SECOND
heort toilure, ostheria, etc. It means the disease,	from the throat due to
injury at complication which caused death.)	Cancer
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obove couse (A) slating the	A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	had concer frank also
	less denna of Employens
198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 1218. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes o No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or about 21 C. WHERE DID (If in Baltimore City, give exact location) fice bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this haspital) attended the deceased fram	191919
that (I) (we) last saw the deceased alive an	19and that in(my) (aur) apinian death accurred an the date
and hour and from the causes stated above. (I) (We) (did) (did nat) v	iew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
B. N. M. Atte	nding Med. Staff Director Phys.
23C. PHYSICIAN'S NAME (Type) ALE BINOWROOZ t	anverety Hoople Redword &
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) BURIAL 5-23-68 EAUE ++5VII	
25A. DATE REC'D BY HEATH DEET 25B. NAME OF REGISERAR	ASC. FUNERAL DIRECTOR ADDRESS
MAY 22 1968 P. P. P. Pallena	WM COOK - BROOKS. / NR YOWSON. Md
V\$ 150-REV, 1/1/68	IMM COOK - 19 VOOK 2 / NE VASON . THE

Milos

See The Administration

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/6B

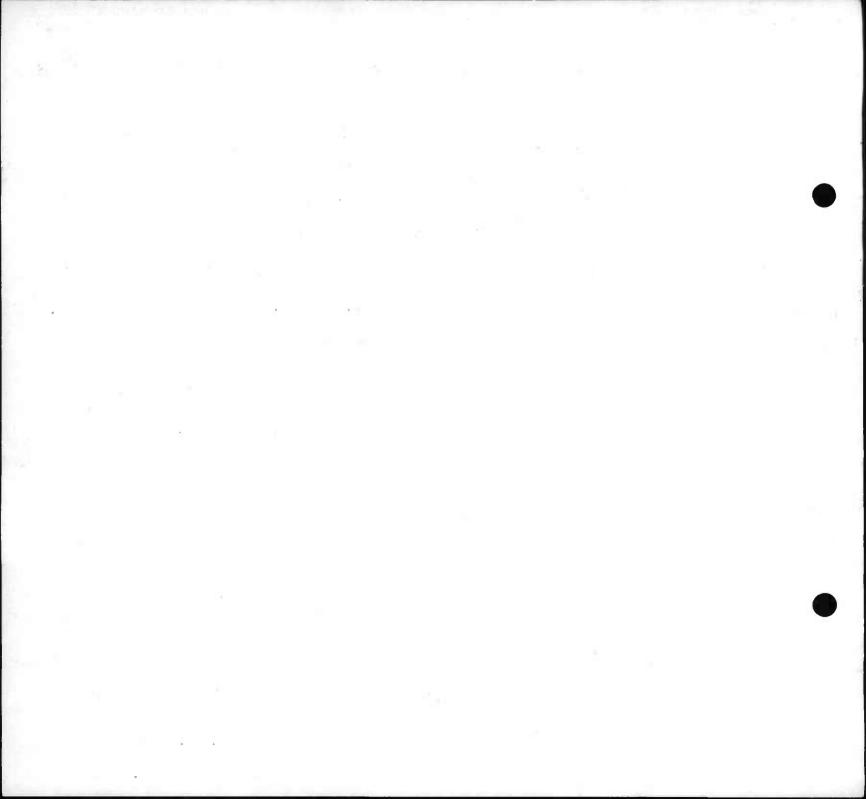
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 5225

REG. NO.	68	5325

130 E. Fort Ave

BIRTH NO. CERTIFICA	ATE OF DEATH
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Elsie G. Porte	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who/e deceosed/lived. If institution: residence before of mission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	md.
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. JUSINE CAY LIMITS?
	1391to, YES X
00 1105 Battery Quenue	E. STREET AND NUMBER
00 1100 011111	1165 Battery Gre.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White WIDOWED DIVORCED	Feb. 18, 1898 70
IOA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Secretary Shirt Factory	Maryland U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7-1 0	
JOHN GOMES 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Mary Summers 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	W INTERNATION
No	Mr. Harry F. Porter 1105 Battery Ave
IB. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	pro-vascular Thrombon
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	AUSE
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury or complication which coused death.)	eralized Certerioseleroi
ANTECEDENT CAUSES (B)	CA COMPONENCE OF
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR,	S A CONSEQUENCE OF:
UNDERLYING CONDITION lost, (C)	mercy proceeds
260 X II	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	The Later Market State of the S
OR CONTRIBUTING CAUSE OF home, form, foctory, street.	, in or about 21 C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
OF INJURY Month (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Not W	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wo	
22, 1 certify that (I) (this haspital) attended the deceased fram	may 17 1968 to may 20 1968.
that (1) (we) lost sow the deceased alive on Dray 20	19 68 ond that in(my) (our) opinian deoth occurred on the date
and haur and fram the causes stated above. (1) (We) (did) (did nat)	
23A. SIGNATURE	238, DATE SIGNED
NA 100 mg and	Hending Med. Stoff Med. 1/9/0
OEGREE!	198. Director Phys. 123D. ADDRESS
23C. PHYSICIAN'S NAME (Type)	3915 HOLLINS FERRY RD BALTO. 27
DOMINGO C, SORONGON MUD	E
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
70100	
Duriar 5 24 00 Vakiawn	Balto. Md.
Burial 5 24 68 Oaklawn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Balto. Md. 25C. FUNERAL DIRECTOR ADDRESS



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

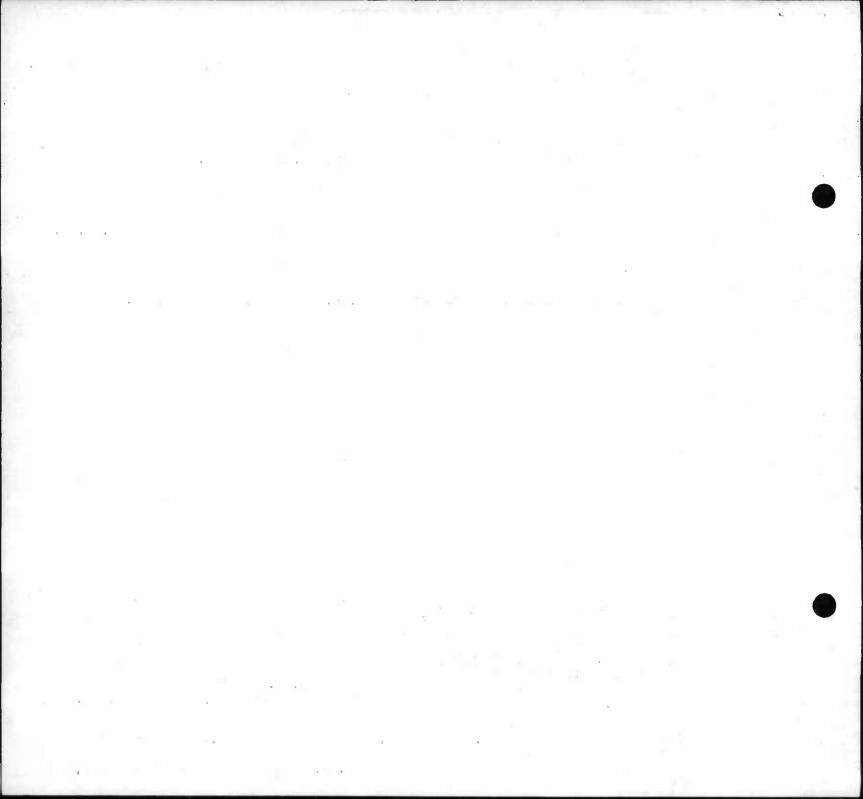
REG. NO	68-	5326

BIRTH NO.	AL OF PLATE
T, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
VIILINER MALLE VV	1. 25 A.M. 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY ONTOWN DAL I MORE CUT LIMITS?
INSTITUTION	AP
Union MEMORIAL HOSPITAL	E. STREET AND NUMBER
44	6129 APEA ALENUE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH. 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
MALE WHITE WIDOWED DIVORCED	8/7/07 BOYAS
TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RITIRED (disabled) Var Cleaning Bus	esthaufand andRica
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM WILMER	Sterry Smitz
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	hib Ecker Wihmer same a Delival
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Congestive Head for line
	A CONSEQUENCE OF:
injury or complication which coused death,)	
ANTECEDENT CAUSES (B) Curd	ing Ciachois o? Costail Residents
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	rafe Englyslace, Unalain
5-27./ 11	M d
O THER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	100 A
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not Wh	ile 🖂
WOIK CO AT WOR	2/1/ 10 6/19/ 40
22. I certify that (1) (this haspital) attended the deceased from	19 00 ta 0 1 1900 ,
19/	19 65 and that in (my) (our) apinian death accurred on the date
	view the bady after death.
23A. SIGNATURE	
DEGREE PH	ys. Director Phys. S/19/08
NAME (Type)	23D. ADDRESS
1) ERMOT LAMPBELL MBDEGRE	The state of the s
244. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C	
Burial 5/22/68 Eawnside Ceme	tery Woodstown, New Jersey

8/2/1 0 / James Last To por so de and The Many South of the int in hip tile work to A world Complex Home for 1 Telescopy Explain , There is - 1 There is a second of the second of the second

64	J	1
•	death occurred in a hospital and it or contributing cause of death Undetermined cause; (5) Deceased	nced death was in regular attendance on the sindance on the deceased prior to death. Such a or final disposition is made.
MPORTANT	his assistant if so, if the direc of any kind; (4)	unced death w tendance on the
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be the body was released shows: (1) An accident	was D.O.A. at a hospit deceased prior to deat written approval must

				BALTIMORE CITY	Y HEALTH	DEPARTMENT		0	0 = 0	2012
BIR	TH NO.	2 68	- 53	27 CERTIFICA	TE C	F DEATH	REG. NO	6	8- 5	327
Typ	AME OF DEC	EASED GUNNING, THOM	AS JOS	IMPH .		2. DATE	May 18, 1968			25 A. M.
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INS	ITUTION, GIVE STREET	A. STAT		YTAL	n stitution: r	esidence bero	re odmission)
IN!		eterans Admin	nistra	tion Hospital	Ba	or town .ltimore	0.10	YES X	NO NO	
1	,	altimore, Ma	ryland	21218	19	18 N. Cha	rles St.			
	Male	Caucasian	WIDOWE		3-	31-03	9. AGE (In years lost birthdoy)	If Under		Under 24 Hrs.
don		JPATION (Give kind of wor working life, even if retired)	108. KIND	Unknown		nnsylvani		12, CITI	U. S.	A. COUNTRY?
13.	FATHER'S NA	ME			14. MO1	HER'S MAIDEN N	AME			
		S. Gunning Ever in U. S. Armed Fo	2	1 6. SOCIAL		eresa McL			ADDRESS	
Yes	no of unknown	112-13-43 to	es of service	SECURITY NO.		RMANT Reco Hospita	rds 1, Baltimore	, Md.		
	1B. / 6 &	I SE OR CONDITION DI	DECTLY	CAUSE OF DEAT	н					TE INTERVAL
		LEADING TO DEATH		(A) IMMEDIATE CA	USE	arcinoma	of lung		2 We	eks
	heart failure,	ol mean the made af asthenia, etc. It means aplication which caused	the diseos		A CONSE	QUENCE OF:				
		ANTECEDENT CAUSES		(8)						
	rise to the	R CONDITIONS, il		he	A CONS	QUENCE OF:				
	163)	CONDITION lost.		(c)		***************************************				
ATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAI	HE TERMINA						***********	
CERTIFICATIO	19A. DATE OF		DITION FO	R WHICH OPERATION	20 A.	NO No	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF	CONSIDERE DEATH?	D
CAL	OR CONTRIBU	NT WAS UNDERLYING [DTING CAUSE OF medical examiner)	h	18. PLACE OF INJURY (e.g., nome, form, foctory, street, ontc.)	in or obout	21C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, giv	e exoct locotic	on)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		1E. INJURY OCCURRED While At Not Whi	le 🗀	21F. HOW DID II	NJURY OCCUR?			
	(APPROX.)			Work At Work				- A		72
				the deceased from May 18,	7	68 and	19 68 to May that in(myX (our) ap	7	th accurred	19 68,
	and hour and	fram the auses sta	ted above.	(We) (did) (did/wat)	view the	bady after death	1.			
	234 SIGNATU	RE	1	0.70				238. DA	TE SIGNED	
	23CTPHYSICIA NAME (T	well. Will	uger	GEGREE Phy	ending 23 D. ADD	Med. Director	Shoff Phys. XX Hospital	5-	-18-68	
	Andre	w P. Weinfel		GEGREE	3900	Loch Rave	n Blvd., Bal		-	21218
244	REMOVAL	MATION, 24B. DATE	24C.	NAME of CEMETERY OF CR	EMATORY			City, town,		(Stote)
	urial	5/22/6 BY HEALTH DEPT.		t. Jacobs Cem.	2507	FUNERAL DIRECT	rk Co., Penn	asylv	ania ADDRES	S
		MAY 22 1968	Re	us 2. Failure		U 40	n 8521 Loch			
VS	1SO-REV. 1/1/	58								



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	T	1137	00	500	BALTIMORE CITY	HEALTH DEPARTMENT		00 5000
	PID	M NO	08	- 53%	CERTIFICA	TE OF DEATH	REG. NO.	68 5328
	1. N	TH NO.	ASED	4		2. DATE AN	ID HOUR OF DEATH	- 0
	(Тур	e or Print)	RHETTA	DEP	YTU	M		368 Y: 30 A M.
	3. P	PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When		stitution: residence before admission)
-	FUL	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	MARYLAN	1 3 1 6 6 6 6	6 33-00
	INS	TITUTION	ADDRESS OR LOCA			BALTI MOI		DE CITY LIMITS?
1	1	noinn	MEMO	RIAL	HOSPITAL	E. STREET AND NUMBER		YES NO
	T					8321 HILL	ENDALE	ROAD
	5. S	EX	RACE 1	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years last birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours Min.
			W	WIDOWED				
			PATION (Give kind of work prking life, even if retired) andler			11. STRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
				Cat	erer	MARYLAN		AMERICAN
	13. [FATHER'S NAM	_			14. MOTHER'S MAIDEN NAM		
			WARF				B. HINES	
		, no ar unknown)	ever in U.S. Armed For If yes, give wor or date		SECURITY NO.	17. INFORMANT	Snyack, N	
1	Ĺ.,	No			218 12 8888		Shepherd,	Salisbury Manor
		18. 74	OR CONDITION DI	ECTLY.	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			EADING TO DEATH	RECILI	(ANIMA FEMARA)	JNOWA OF	BREAST	
			t meon the mode of sthenio, etc. It meons		DUE TO, OR AS	NOWA OF		
		injury or comp	licotion which coused		h			
			NTECEDENT CAUSES		(8) META	STATIC TO	LUNGS	.
		rise to the	obove couse (A)		50£ 10, 6K A3	A CONSEQUENCE OF.		
			CONDITION losi.		(C)			
	NO	176 X	II CANT CONDITIONS CO	NTRIBUTING				
	ATI	DISEASE OR CO	BUT NOT RELATED TO THE NOTION GIVEN IN PAR	T 1 (A).				
	CERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER		VHICH OPERATION	20 A. AUTOPSY? (Yes or No	in CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
	CER	21A. ACCIDEN	T WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	a or about 21C. WHERE DID	(If in Baltimar	e City, give exact lacation)
	V	OR CONTRIBUT	rtNG CAUSE OF medical examiner	hom etc.)	e, farm, factory, street, of	fice bldg., INJURY OCCUR?		
			(Manth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	×	(APPROX.)		Whi	le At Not While			
		22, I certify t	hat (1) (this haspital			1248,	19 68 to 1	Uzy 16 1968.
		that (I) (we) I	ast saw the decease	d alive an	May 16,	19 68 and th	at in(my) (aur) api	nian death accurred an the date
		and haur and	fram the causes stat	ed abave. (I) (W) (did) (did ma') v	iew the bady after death.		
1		23A. SIGNATUR	Pala: 00	0			c. " \	23B. DATE SIGNED
			4 July	43	OEGREE Phys		Phys.	May 16, 1968
		PHYSICIAN NAME (Ty	el Miguel !		- PALA-Clos		MEMORIAL	
	244	MIGU			AME OF CEMETERY OF CRE			HOSPTTAL ty, town, or county) (Stote)
	244	REMOVAL (Sp Burial			· Pauls Epis (, Maryland
	2SA		BY HEALTH DEPT.		F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		M	AY 22 1968	P. P. S.	E Stalleman	Wm.E.Johnson		2120/
. [VS	150-REV. 1/1/68	3	The state of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/ 40011	214444

AND AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRE TO STATE OF W AND SE STATEMENT

IMPORTANT

FUNERAL DIRECTOR:

REG. NO.	00	5220
	00	5329

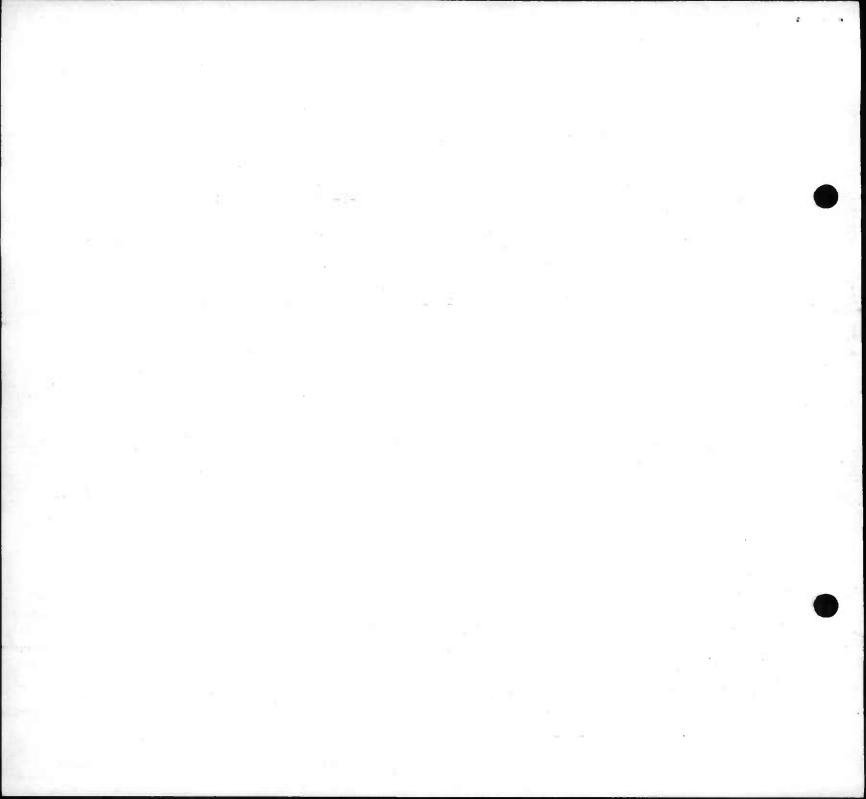
BIKTH NO.	JOGO CERTIFICA	ATE OF DEATH	REG. NO	68 5329
I. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	1
(Type or Print) Lena Ogle		Mav	20 - 19 68	IO:30 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUN CED DEAD		e deceased lived. If i	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. W.	SIDE CITY LIMID ?
IIOI Wallerston	Way	Baltimore E. STREET AND NUMBER	4	6 1 2 to
		IIOI Waller	rston Wav	
	RRIED NEVER MARRIED	8. DATE OF BIRTH	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F WIDG	OWED DIVORCED	9-7-1889	78	NO CITIEN OF WILLT COUNTY
done during most of working life, even if retired)	ND OF BOSINESS OF INDOSER	III. BIKIHFEACE (Stole or foreig	ун соонну)	12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimore, Mar		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
Christian Wild		Joanna Snyder	r	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	218-05-9416	John Ogle IIO	[Wallersto	on Way
18. 44. 0 0 V	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CA	USE Premmer		
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
heori foilure, asthenia, etc. Il meons the di injury or complication which coused death.				
ANTECEDENT CAUSES	heart	monthamy		
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR A	S A CONSEQUENCE OF:		
use to the above cause (A) stating	33			
	(0/			
O THER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		(If In Boltimo	ore City, give exact location)
21D.TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.)	While At Not Whi		JRY OCCUR?	
	Work At Work		068 . 4-	1-1-7
22. I certify that (I) (this haspital) atter that (I) (we) last saw the deceased aliv	211 17		965 ta Ma at in(my) (aur) ap	vinian death accurred an the date
and haur and from the causes stated abo	ave. (1) (We) (did) (dld nat)			
23A. SIGNATURE	/			23B. DATE SIGNED 14 10
Rasauldydun	AH Ph	ending Med. Director	Staff Phys.	may to 468
23C. PHYSICIAN'S NAME (Type) PAPAEL A. SANTAYAI	UA DEGREE			BALTO- MD. 21224
	DEGREE 24C. NAME of CEMETERY OF CE		OCATION (City, tawn, ar caunty) (State)
REMOVAL (Specify) Burial 5-22-68	Oak Lawn Ceme		ltimore, Ma	
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
MAY 22 1968 A	DE BERN SERVICE	Walter Babre	wski I005	Dundalk Avenue

VS 150-REV. 1/1/68

22

1968

B. B.



a hospital

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased.

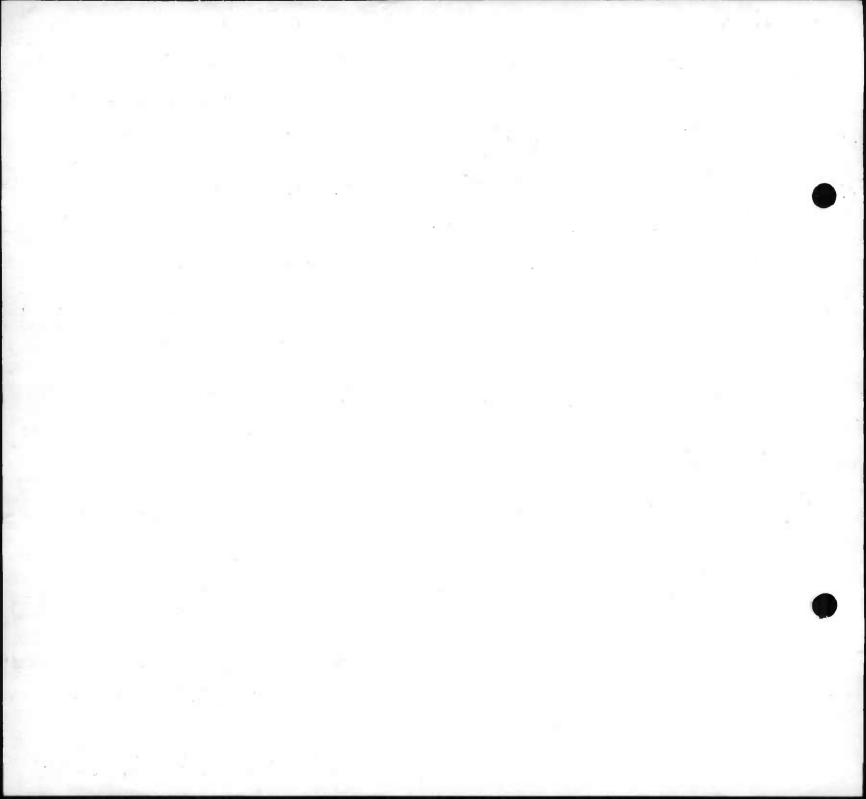
1968

25B. NAME OF REGISTRAR 3.4

	0	0 = 00	BALTIMORE CI	TY HEALTH DEPAI	RTMENT			
BIRTH NO.	6	8- 5331	CERTIFIC	ATE OF DI	EATH '	EG. NO	58 - 55	330
I. NAME OF DE	CEASED				2. DATE AND HOUR	OF DEATH		
Type or Pint	VURE CE	nIVA	MINELL	ER.	1900 14	AY 196	21/1	1.30 01
PLACE IN BA	LTIMORE MARYLAND, V	VHERE PRONOUNG	CED DEAD		DENCE (Where decess B. COUNTY	ed lived. If institu	tion: residence b	refore odmission
ULL NAME O	(IF NOT IN HOSPE	AL OR INSTITUTIO	ON, GIVE STREET	MI	BALTI	MORE	CITY	
OSPITAL OR	ADDRESS OR LOC			C. CITY OR TOW	'N	D. INSIDE	CITY LIMITS?	-
001	rERSITY	1996	YL BUT	E. STREET AND	MORE	134	SED IN	0 📗
38	11051	017792	•	150		on ST.	~ 0	
- SEX	6. RACE 6. HITE.	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED		H 9. AGE (lost birth	In years II M	Under 1 Yr. onths Doys H	If Under 24 Hr lours j Min.
A. USUAL OC	CUPATION (Give kind of wor		_		(State or foreign country	y) 1:	2. CITIZEN OF W	HAT COUNTR
	f working life, even if retired)		wowz.	mo	1.		0.5	
FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME			
77+0	MAR L.	SHIPLE	- >.	1-AV	UNIE S	HOE MI	4KC-12	. /12
. Wos Deceose	d Ever in U. S. Armed Fo	es of servicel	SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	36 K ST
20	, , , , ,	2	12-16-56	73 LM	LDA Me	DANIEZ	RAITI	20/4)7
18.0 /	2 70 1		CAUSE OF DEA				APPROXI	MATE INTERVAL
	ASE OR CONDITION DE	RECTLY		750	TORIAL H	GRNIATT A	.2 .	ONSET AND DEAT
	LEADING TO DEATH		(A)IMMEDIATE C		, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	DAYS
(This daes	not mean the made at	dying, e.g., s The disease.	DUE TO, OR A	S A CONSEQUENCE	OF:			
	mplication which caused						7	Dave
	ANTECEDENT CAUSES	5	(R)	199712	SWETCHM E OF:	12.	1	DAYS.
	OR CONDITIONS, if							
	he abave cause (A) IG CONDITION last,	staling the	(c)	TB. M	(m)/NZ/77	5.	31	n 020 7275
010	V II		(0)					
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING						
TO THE DE	ATH BUT NOT RELATED TO 'CONDITION GIVEN IN PA	THE TERMINAL						
19A. DATE	F OPERATION 198. CON	IDITION FOR WHI	CH OPERATION	20 A. AUTOPS	Y? (Yes or No) 20B. IF	YES, WERE FINE	INGS CONSID	ERED
E) 132	MAY 1968 TIS	. BENINZ	1715		8.	195	S. No	
OR CONTRI	ENT WAS UNDERLYING	home,	ACE OF INJURY (e.g form, loctory, street,	olfice bldg., INJURY	HERE DID OCCUR?	(If in Boltimore Ci	ty, give exact loc	otion)
DEATH (noti		Wo etc.)	NONE					
21D. TIME	(Month) (Doy) (Year)		JURY OCCURRED	21 F. HC	W DID INJURY OC	CUR?		
(APPROX.)		While Work	Not W	hile hile				
22	y that (1) (this haspita			2.4.4	1968	1916	MAY.	19 68
	i) last saw the deceos							
						() opinior	n death occurr	ed on the do
	nd from the causes sta	ted above. (I) ((did) (did not)	view the bady o	fter deoth.			
23A, SIGNAT	1 ZM	11		ttending M	ed C Shuff C	231	B. DATE SIGNED	
	17/en	Me	M DEGREE P		rector Phys.		19/2 /	1AY 196
23C. PHYSIC		120 =		23D. ADDRESS	DNEW ROMO	cy.		
	1 KE	MISLE	m)	0001	NENSITY H	to SP 17712	· MD. 8	21201.
24A. BURIAL CE	EMATION, 24B. DATE	24C. NAM	of CEMETERY OF	REMATORY	24D. LOCATION	(City, t	own, or county)	(Stote)
Buria.		68 Gard	ens of F	aith	Baltimo	ore - Ma	aryland	
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF					ADDI	RESS
	MAY 9 9 1968	DO 09 8-59	Sally Mil	Rober 6 ang	t S. Olte	burg Fu	neral	Home, I

25C. FUNERAL DIRECTOR Robert 3. 6

Funeral Home, Inc., Md. 21214



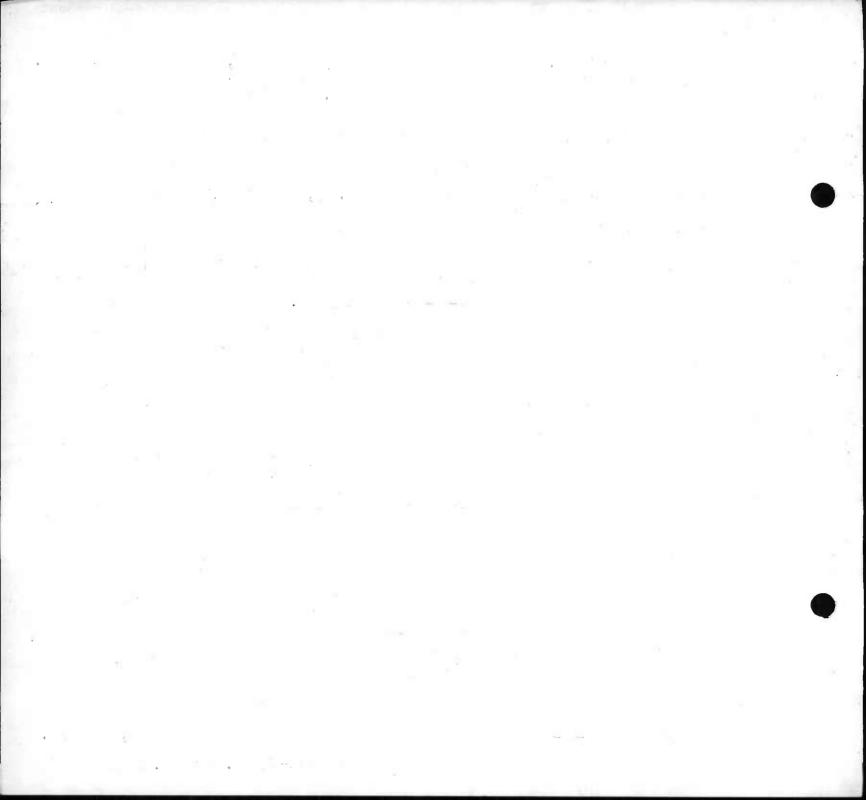
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

60-	5004	BALTIMORE CITY HEA	TIHD	EPARIMENI
00.	SOST	CERTIFICATE	OF	DEATH

68- 5331

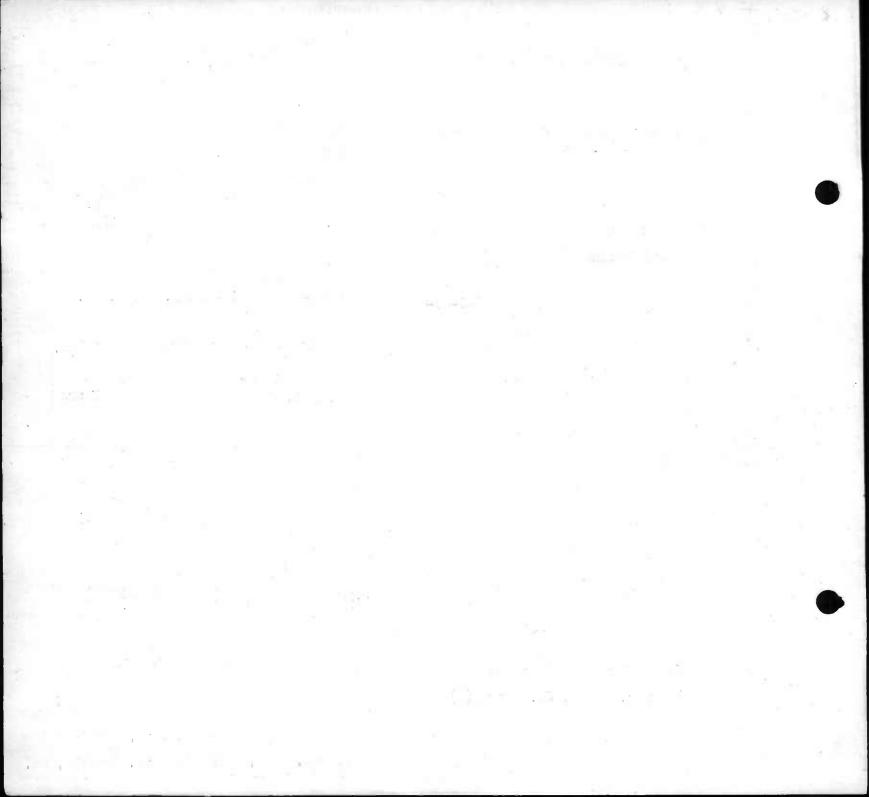
	TH NO. AME OF DECEASED		2. DATE AND HOUR OF	DEATH
	e or Print) Martin J. Meckel		May 19, 196	
3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	A. STATE		lived. If institution: residence before admission)
HOS	L NAME OF (IF NOT IN HOSPITAL OF INSTITUTION, GI SPITAL OR ADDRESS OR LOCATION)	VE STREET C. CITY OR T Balti		INSIDE CITY LIMITS? YES X NO
	1526 Riverside Avenue	E. STREET A	ND NUMBER	
2	0	1.5	26 Riverside Av	
s. st	EX 6. RACE 7. MARRIED NEVER	MARRIED X B. DATE OF	IRTH 9. AGE (In y	
	111111111111111111111111111111111111111	DIVORCED Teb. 13		
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS) during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Bartender	Maryla	nd	USA
	FATHER'S NAME		S MAIDEN NAME	
	Conrad Meckel		Elizabeth Hur	erren
. W	Nos Deceosed Ever in U. S. Armed Forces? 16. SOCIA , no or unknown) (If yes, give wor or dotes of service) SECU	AL 17. INFORMA	NT	ADDRESS
100	No 212-10		G. Meckel	same as # 4
	18. / 6 2 / CA	USE OF DEATH	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUEN		
	Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	DUE TO, OR AS A CONSEQUE		A
ATION	Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) OTHER STGNIFICANT CONDITIONS CONTRIBUTING	DUE TO, OR AS A CONSEQUE	NCE OF:	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
AL CERTIFICATION	Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) OTHER STIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE O	DUE TO, OR AS A CONSEQUE	DPSY? (Yes or No) 208, IF YE IN CERTIF	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH? In Boltimore City, give exoct location)
EDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER STGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY (1985)	DUE TO, OR AS A CONSEQUE PERATION 20 A AUTO F INJURY (e.g., in or obout 21C actory, street, office bldg., INJ	DPSY? (Yes or No) 208, IF YE IN CERTIF	YING CAUSES OF DEATH? In Boltimore City, give exact location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF home, form, fetc.)	PERATION 20 A AUTO F INJURY (e.g., in or obout 21C actory, street, office bldg., INJ	DPSY? (Yes or No) 208, IF YE IN CERTIF WHERE DID (IF I	YING CAUSES OF DEATH? In Boltimore City, give exact location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF home, form, fetc.)	PERATION 20 A AUTO F INJURY (e.g., in or obout 21C actory, street, office bldg., INJ OCCURRED Not While At Work	DPSY? (Yes or No) 208, IF YE IN CERTIF WHERE DID (IF I	YING CAUSES OF DEATH? In Boltimore City, give exact location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER STGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (Work At OPERAL) 22. I certify that (I) (this haspital) attended the deceathat (I) (we) last saw the deceased alive an	PERATION 20 A) AUTO F INJURY (e.g., in or obout 21C actory, street, office bldg., INJ OCCURRED 21F. Not While 3 sed fram 19	DPSY? (Yes or No) 20B, IF YE IN CERTIF WHERE DID (If i) HOW DID INJURY OCCUR 19 4 ta	YING CAUSES OF DEATH? In Boltimore City, give exect location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION PS. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (White At Work) 22. I certify that (I) (this haspital) attended the deceath that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (d)	PERATION 20 A) AUTO F INJURY (e.g., in or obout 21C actory, street, office bldg., INJ OCCURRED 21F. Not While 3 sed fram 19	DPSY? (Yes or No) 20B, IF YE IN CERTIF WHERE DID (If i) HOW DID INJURY OCCUR 19 4 ta	YING CAUSES OF DEATH? In Boltimore City, give exact location) 27 (aur) aplinian death accurred an the data
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (White At Work) 22. I certify that (I) (this haspital) attended the decea that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (d 23A. SIGNATURE	PERATION 20 A AUTO F INJURY (e.g., in or obout 21 C actory, street, office bldg., INJ OCCURRED 21 F. Not White 31 Work sed fram 19 id) (dld not) view the bad	WHERE DID (If in and that in (my)) of the death.	YING CAUSES OF DEATH? In Boltimore City, give exect location)
MEDICAL CERTIFICATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION PS. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (White At Work) 22. I certify that (I) (this haspital) attended the deceath that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (d)	PERATION 20 A AUTO F INJURY (e.g., in or obout 21 C actory, street, office bldg., INJ OCCURRED 21 F. Not While 31 Work sed fram 19	WHERE DID (If in and that in (my)) of the death.	YING CAUSES OF DEATH? In Boltimore City, give exact location) 27 (aur) aplinian death accurred an the data
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 22. I certify that (I) (this haspital) attended the deceathat (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (dz.) 23C. Physician's NAME (Type)	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DECREE DUE TO, OR AS A CONSEQUE 20 A AUTO 20 A AUTO 21 F. Not While All Work All Work DEGREE Attending Phys. 23D. ADDRESS	WHERE DID (If in and that in (my)) of the death.	YING CAUSES OF DEATH? In Boltimore City, give exact location) R? (aur) apinian death accurred an the data 23B. DATE SIGNED
MEDICAL CERTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. ACCIDENT WAS UNDERLYING NAS PERFORMED 21B. PLACE ON home, form, fetc.) White At Work Work 22C. I certify that (I) (this haspital) attended the decease that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (decease of the cause) attended the decease that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (decease of the cause) attended the decease of the cause of the caus	DUE TO, OR AS A CONSEQUE PERATION F INJURY (e.g., in or obout 21C actory, street, office bldg., INJ OCCURRED Not While AI Work Sed fram 19 id) (did not) view the bad Attending Phys. 23D. ADDRESS	WHERE DID (If in and that in (my)) of the death.	(City, town, or county) In Boltimore City, give exect location) 19 238. DATE SIGNED

VS 150-REV. 1/1/6B



4	68	3- 5332 CERTIFICA	Y HEALTH DEPARTMENT	REG. NO.	8- 5332
1. N.	AME OF DECEASED	na Ruderman	2. DATE AN	D HOUR OF DEATH	. 11 P
	DOLIS DEVO.			y 20, 1968	
3. P	PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	TY	ution: residence before odmiss
FUL	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	TAL OR INSTITUTION, GIVE STREET ATION)		Baltimore 4	33-00
IN S	STITUTION		c. CITY OR TOWN Edger Baltimore		CITY LIMITS?
	US Public Health Ser 3100 Wyman Pk. Drive		E. STREET AND NUMBER 7343 Waldman		ES NO [-]
5. \$1		7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (tn yeors I N	If Under 1 Yr. If Under 24 Aonths: Doys Hours Mi
404	Female White	WIDOWED DIVORCED WIDOWED WIDOWED DIVORCED		55	STATE OF THE PROPERTY OF THE P
	e during most of working life, even if retired) Housewife	TIOS KIND OF BOSINESS OK INDUSIKI	Md.	gn country)	USA
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	Livi Leedom		Carrie Pugh		
	Was Deceased Ever in U. S, Armed For s, no or unknown) (II yes, give war or date		17. INFORMANT		ADDRESS
, , ,	No	213-03-5661	Records- US PH	S Hospital, E	Balto, Md.
	18. / / > V	CAUSE OF DEAT	Н		APPROXIMATE INTERV
	T DISEASE OR CONDITION DE	RECTLY	Academ		SETWEEN ONSET AND D
	LEADING TO DEATH (This does not mean the made of	(A) IMMEDIATE CAL	Acute conge A CONSEQUENCE OF FAILU	stive neart	2 hrs.
	heart failure, asthenia, etc. It means	the disease,	pulmonary e		
	injury or complication which caused				V- and
	DISEASES OR CONDITIONS, if	(B)	Hypertensio	[1	Years
		,, 99			
	rise Ia the abave cause (A) UNDERLYING CONDITION last.	(C)			*******
ATION	UNDERLYING CONDITION IOSI. ++3 × II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	(C) ONTRIBUTING THE TERMINAL AT 1 (A).			
ATION	UNDERLYING CONDITION IOSI. ++3 X II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T	(C) INTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI	DINGS CONSIDERED
L CERTIFICATION	UNDERLYING CONDITION IOSI, 443 X II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(C) ONTRIBUTING HE TERMINAL RT 1 (A). IDITION FOR WHICH OPERATION FORMED 21B, PLACE OF INJURY (e.g., i home, form, loctory, street, o	no or obout 21 C. WHERE DID	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CAL CERTIFICATION	UNDERLYING CONDITION IOSI, HH 3 X II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19-A. DATE OF OPERATION 1798. CON WAS PER 21-A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notily medical exominet)	(C)	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	S OF DEATH?
MEDICAL CERTIFICATION	UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exomine) 21D. TIME (Month) (Doy) (Yeor) OF INJURY	(C)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	S OF DEATH?
MEDICAL CERTIFICATION	UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exomine) 21D. TIME (Month) (Doy) (Yeor)	(C)	in or obout 21C, WHERE DID ffice bldg, INJURY OCCUR?	(If in Boltimore C	ity, give exoct focotion)
MEDICAL CERTIFICATION	UNDERLYING CONDITION last, 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exomine) 21D. TIME (Month) (Doy) (Yeor) OF INJURY	(C)	in or obout 21C, WHERE DID ffice bldg, INJURY OCCUR?	(If in Boltimore C	SITY, give exoct (ocotion)
MEDICAL CERTIFICATION	UNDERLYING CONDITION last,	(C)	no in or obout 21C, WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimore C JRY OCCUR?	ity, give exoct locotion) ARRI VAL.)
MEDICAL CERTIFICATION	UNDERLYING CONDITION last,	(C)	no or obout 21C. WHERE DID ffice bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Boltimore C JRY OCCUR?	ity, give exect location) ARRI VAL
MEDICAL CERTIFICATION	UNDERLYING CONDITION last,	(C)	INO In or obout 21C, WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID INJURY May 20 1	(If in Boltimore Court of the C	ARRIVAL) n death occurred on the
MEDICAL CERTIFICATION	UNDERLYING CONDITION last,	(C)	in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR? 21 F. HOW DID INJURY ON DID INJURY OCCUR? May 20 1 ond the priew the body ofter deoth.	(If in Boltimore C URY OCCUR? 9 68 (DEAD ON of in (my) (our) opinio	ARRIVAL) 19
MEDICAL CERTIFICATION	UNDERLYING CONDITION last, I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19-A. DATE OF OPERATION 1798. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exomine) 21D. TIME (Month) (Doy) (Yeen) OF INJURY (APPROX.) 22. I certify that (1) (this hospital that (1) (we) last saw the decease and haur and from the couses stat 23A. SIGNATURE 23C. Physiclar's NAME Was S	(C)	INO In or obout 21C, WHERE DID Iffice bidg., INJURY OCCUR? 21F. HOW DID INJU May 20 1 19 ond the view the body ofter deoth. 23D. ADDRESS	(If in Boltimore C URY OCCUR? 9 68 (DEAD ON of in (my) (our) opinio	ARRIVAL) 19 In death occurred on the 18. DATE SIGNED 5/21/68
MEDICAL CERTIFICATION	UNDERLYING CONDITION last. 443 X II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer) 21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the couses state 23A. SIGNATURE 23C. PHYSICIAN'S NAME Wype) Henry We White, Jo	ONTRIBUTING HE TERMINAL RI 1 (A). HOTHON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., interpretation) 21B. PLACE OF INJURY (e.g., interpretation)	INO In or obeut 21C, WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID INJURY ON DID INJURY OCCUR? May 20 1 19 ond the riew the body ofter deoth. 23D. ADDRESS U.S. PUBLIC F	(If in Boltimore C URY OCCUR? 9 68 (DEAD ON of in (my) (our) opinio	ARRIVAL 19 n deoth occurred on the 5/21/68
MEDICAL CERTIFICATION	UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19-A. DATE OF OPERATION 19-B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominer) 21D. TIME (Month) (Doy) (Yeor) (APPROX.) 22. I certify that (I) (this haspital that (I) (we) last saw the decease and haur and from the couses state 23A. SIGNATURE 23C. PHYSICIAM'S NAME 19-19 HENTY W. White, J. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	(C)	INO In or obeut 21C, WHERE DID ffice bidg, INJURY OCCUR? 21F. HOW DID INJURY ON DID INJURY OCCUR? May 20 1 19 ond the riew the body ofter deoth. 23D. ADDRESS U.S. PUBLIC F	(If in Boltimore C URY OCCUR? 9 68 (DEAD ON of in (my) (our) opinio	ARRIVAL) n deoth occurred on the B. DATE SIGNED 5/21/68
MEDICAL CERTIFICATION	UNDERLYING CONDITION last, I OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19-A. DATE OF OPERATION 1798. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical exominet) 21D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the couses state 23A. SIGNATURE 23C. PHYSICLUM 1 24B. DATE	ONTRIBUTING HE TERMINAL RI 1 (A). HOTHON FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., interpretation) 21B. PLACE OF INJURY (e.g., interpretation)	INO In or obout 21C, WHERE DID Iffice bldg., INJURY OCCUR? 21F. HOW DID INJU MAY 20 1 19 ond the view the body ofter deoth. 23D. ADDRESS U.S. PUBLIC F	IN CERTIFYING CAUSE (If in Boltimore C URY OCCUR? 9 68 (DEAD ON of in(my) (our) opinion Staff Phys. 23 HEALTH SERV REATIONARY L'AINE	ARRIVAL) n death occurred on the 5/21/68

VS 150-REV. 1/1/6B

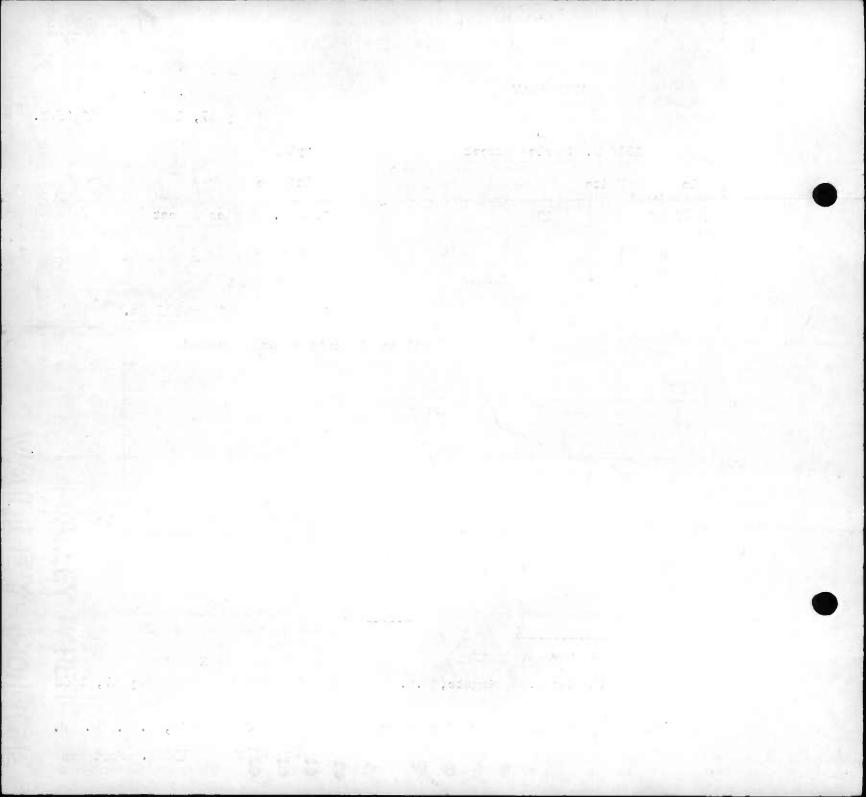


68-5333 BALTIMORE CITY HEALTH DEPARTMENT

68- 5333

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO.

BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known X Month Day Year Hour
(Type or Print) ARTHUR HUNT	OF DEATH Estimoted Day
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 17, 1968 12:25 P
2318 N. Charles Street	S. USUAL RESIDENCE (Where deceosed lived, If Institution: residence before admission) A: STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White widowed □ DIVORCED □	Baltimore VES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER
3 27 49 lost birthdox Months, Doys, Hours Min.	2318 N. Charles Street
11. BIRTHPLACE (Stole or loreign country) England 12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Barlow Hunt
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR)	
done during most of working life, even if retired) Student School	Marjorie Hunt
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
(Yes, no grunknown) (If yes, give wor or dotes of service) NO SECURITY NO.	Marjorie Hunt 1473 Woodall St.
19. // CAUSE OF DEA	TH APPROXIMATE INTERVAL
Bilate	eral acute bronchopneumonia
LEADING TO DEATH	
(A)IMMEDIATE C	AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
8 7	Yes
	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) a bldg., etc.) INJURY OCCUR?
	22F. HOW DID INJURY OCCUR?
	WHILE
m. WORK AT W	ORK L
I certify that I held an Inquiry Inspection Au	topsy 🗓 and that an this basis, death in my opinion
resulted fram: Natural couses Accident Suicid	Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL (les X)	ASSISTANT MEDICAL EXAMINER X
SIGNATURE M.D	
NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER May 17, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 5 21 68 Glen Have	Glan Runnia A A Co Md
Burial 5 21 68 Glen Have	Glen Burnje, A. A. Co. Md.
	Mc Cully BO E. Fort "ve
MAY 22 1968 Report E stacker 4	TO E . LOTO AB
VS 151-REV. 1/1/6B	



	r contributing determined car	lerensed prior
PORTANT	proved by the chief medical examiner or his assistant if death occurred in the hospital by a medical examiner. Also, if the direct or contributing my nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined care excess. Where the physician who incomined death was in regular attained.	Sycopy where the project of the proj
FUNERAL DIRECTOR: IMPORTANT	examiner or he examiner. Also (3) A fracture of	attended on a signature
FUNERAL D	the chief medical al by a medical; (2) Body burns;	o physician was
	he hospit	M (4) Pub

was released

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d

3 70

An

shows: SD

at cause; (5) Deceased attendance on the

prior

de.

BE

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 30 (Type or Print) 4 USUAL RESIDENCE (Where If finstitution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD eosed B. COUNT A. STATE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSIDE CITY LIMITS? C. CITY OR TOWN E. STREET AND NUMBER 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 6. RACE MARRIED NEVER MARRIED Months Doys Hours lost birthday WIDOWED DIVORCED IOA, USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL μηknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the UNDERLYING CONDITION lost. 153,8 П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) CAL etc.) DEATH (notify medical examiner) 21 D. TIME OF INJURY 21 F. HOW DID INJURY OCCUR? (Month) |Doy) (Year) (Haur) 21 E. INJURY OCCURRED Not While While At [(APPROX.) Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an and have and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNAC Attending 1 Med. Staff Phys. Director __ Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME [Type] ROBERT B MC FADDEN M.D. 3350 WILKENS AVE BALTO MD. 21229

disposition final 0 Pop E 5 2 E the remains are fore the r obtained death); must be and that In(my) (aur) apinian death accurred on the date must 5 approv DEGREE 24A. BURIAL CREMATION, 24C NAME of CEMELERY OF CREMATORY 24D. LOCATION (Stote) MOVAL | Specify 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/68



R-534

68- 5335 BALTIMORE CITY HEALTH DEPARTMENT

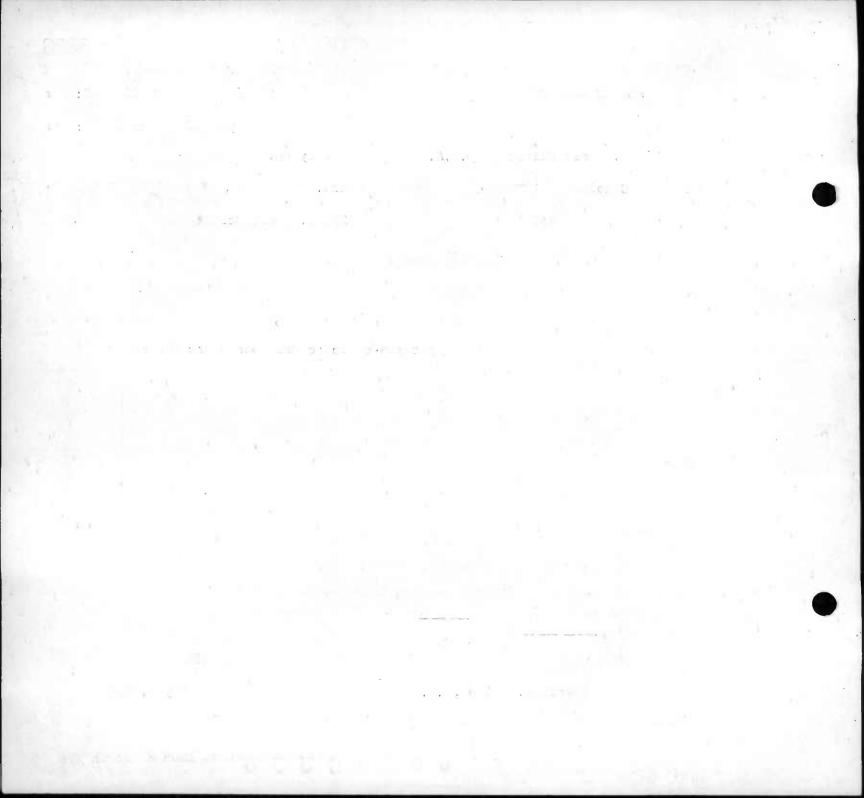
MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. 68- 5335
1. NAME OF DECEASED (Type or Print) GENEVA E. RANDOLPH	2. DATE Known Month Doy Year Hour OF Estimated X
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) REPORTED ADDRESS OR LOCATION	3. DATE Month Doy Year Hour PRONOUNCED DEAD May 17, 1968 11:40 A.
626 W. Franklin Street	6. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Female Negro WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSID: CITY UNITS? YES X
9. DATE OF BIRTH 3-1-1923 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Manths, Days Hours of Min.	626 W. Franklin Street
11. BIRTHPLACE (Stote or foreign country) Elkridge Maryland 12. CITIZEN OF UWH& COUNTRY?	13. FATHER'S NAME Charlie Snell
don During motifier or if retired) 148. KIND OF BUSINESS OR INDUSTR'	Bessie
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	Ms orothy Collins, same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dylng, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which caused death.)	BETWEEN ONSET AND DEATH
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Fractures of left leg AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
UTING CAUSE OF DEATH. home	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) INJURY OCCUR? 626 W. Franklin Street 22F. HOW DID INJURY OCCUR? TWHILE X Fell at home
	CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY Elkridge	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 2 2 1968 P. Coult E. Talleman	Adolphus Helstead 1206 W North Ave
VS 151-REV. 1/1/6B 8 2 7, 0	

5/24/68 - Correction form from funeral director. LGC,

B-5-30

68- 5336 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	68- 5336
BIRTH NO.	KEG, 190	
1. NAME OF DECEASED (Type or Print)	2. DATE Known St Manth Day	Year Hour
ALBERT BENNETT	DEATH Estimated 5 8	68 8.40 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESIDENCE (Where deceased lived. If institution:	1968 8:40 a M
8.7	A. STATE B. COUNTY	residence perore semission,
OO 236 N. Pearl Street D.O.A.	Maryland	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN . D. INSIDE CIT	Y LIMITS?
Male Colored WIDOWED DIVORCED	Balto. YES	NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
last birthday) Months, Days, Hours, Min.		
11. BIRTHPLACE(State or faretgn country) 12. CITIZEN OF	236 N. Pearl Street	
WHAT COUNTRY?	To Tarrier of Tarrier	.,
North Carolina U S A		3
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	,
		2
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DRESS
(Yes, no ar unknawn) (If yes, give war or dotes of service) SECURITY NO.		
19. CAUSE OF DEA	Mr Carter, same	APPROXIMATE INTERVAL
CAUSE OF BEA	on .	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic Cardiovascular dise	ase
LEADING TO DEATH	CAUSE	
(This daes not mean the made of dytng, e.g., heart foilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
ANITECEDENIT CALISES		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
Z UNDERLYING CONDITION LAST. (C)		
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
₹22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	, in or obaut 22C. WHERE DID (If in Baltimore City, give exoc	no Haratian
Q UNDERLYING □ OR CONTRIB- home, farm, factory, street, offi	ce bidg., etc.) INJURY OCCUR?	1100011011)
☐ UTING ☐ CAUSE OF DEATH.		
22D. TIME (Manth) (Day) (Year) (Haur) 22E,INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROV.)	T WHILE C	
23.		
I certify that I held an Inquiry Inspection A	utopsy ond that on this basis, death in my c	pinion
resulted from Natural causes XX Accident Suici	de Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
ACTUAL SALLOW TURS		DATE SIGNED
SIGNATURE M.I	ASSISTANT MEDICAL EXAMINER XX	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	B	or caunty) (State)
REMBYALATecify) 5/18/68 Mt Calvary	Cemetry A A County 1	Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C ELIMED AL DIDECTOR	IDPESS
THE RESIDENCE OF THE PARTY OF T		DRESS
111 8 2 1300 1 2 5 Tarken	Adolphus Halstead 1206 W	



bod		68	5337	BALTIMORE CITY HEALTH D	
sed the tch	BIRTH NO.		0007	CERTIFICATE OF	2, DATE
Secea th. S	3. PLACE IN BALTIMORE MARYLAN	U.C.	E PRONOUNC	ED DEAD 4. USUAL	RESIDENCE (W

REG.	No.	68-	5337
	-		

(Type or	Print)			2, DATE AND HOUR OF DEA	ATH
	Gray L	UCY	TI:	May 18,19	68 4:45
3. PLAC	E IN BALTIMORE MARYLAND	WHERE PRONOUNCED DEAD	A. STATE,	B. COUNTY	If institution: residence before admiss
FULL N	AME OF (IF NOT IN HO!	SPITAL OR INSTITUTION. GIVE STREET	Md		
HOSPITA	TION I	SPITAL OR INSTITUTION, GIVE STREET OCATION)	C. CITY OR TO	WN	INSIDE CONTUME?
Lin	recla Memo	orial Home	Baltin	nace C	YES NO
2	- 1	ef +	E. STREET AN		
87	11. Corey	3//60/	628	Willow Ave	
S. SEX	6. RACE	7- MARRIED NEVER MARRIED			If Under 1 Yr. If Under 24 Months Doys Hours Mi
1-	/. W.	WIDOWED DIVORCED		lost birthdoy	Months Doys Hours Mi
rem		work 10B, KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COU
	ing most of working life, even if retire		11 1/	to t	
UN	KNOWN		UN Kn	OWD	UN KNOWN
13. FATE	HER'S NAME			MAIDEN NAME	
,	11.1.		11.0	/	
1S. Was	Deceased Ever in U. S. Armed	Farces? 16. SOCIAL	17. INFORMAN	NOWN	ADDRESS
(Yes, no	or unknown) (If yes, give wor or	dotes of service) SECURITY NO.			
		057568-0	2		
18.	250191	CAUSE OF C	DEATH		APPROXIMATE INTERV
	DISEASE OR CONDITION	DIRECTLY			/
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	is does not mean the mode out foiluse, asthenia, etc. 11 me	of dying, e.g., DUE TO. C	R AS A CONSEQUENC	E OF: /	
	pry or complication which cau		, /		
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	ANTECEDENT CAU	SES //	hat 11	n 11. to	19.0
Dis		(B) 1/a		le //itus	
	EASES OR CONDITIONS,	if ony, giving DUE TO, C	betes //		
iise		if ony, giving (A) stating the	R AS A CONSEQUEN		
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		HEALTH DEPARTMENT 68- 5338
	68- 5338 CERTIFICA	TE OF DEATH REG. NO.
	IRTH NO.	2. DATE AND HOUR OF DEATH
(T	Type or Print) Helen Keplinger	MAY 21,1968 2:08 PM
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY
11 H	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D_INSIDE CITY LIMITS?
19	O Gould Convales ARium	BALTIMORE DE DE
ľ	6116 Belaire Rd	E. STREET AND NUMBER 408 N. Athal Are
S.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	7 WIDOWED DIVORCED	10/3/1884 83
	OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTAPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	TEACHER 3. FATHER'S NAME	MARYLAND
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	BERNARD Keplinger	MARYE/lew Wilcox
(Y	5. Was Deceased Ever in U. S. Armed Forces? / 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	No	MRS WM MERICLE 82411. Chaple Gite
	18. 6 4 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in an al al realism
	(This does not mean the mode of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	otostosist to liver a
	ANTECEDENT CAUSES	Beringum
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS rise to the obove couse (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION losi. (C)	
1	15-4% 11	101101 1
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	erecus Vdislase
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (e.g., ii	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10.0	WAS PERFORMED	
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in form, foctory, street, of DEATH (notify medical examiner)	n or about 21C. WHERE DID (If in Soltimare City, give exact location) iffice bldg.,
1 3	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	(APPROX.) While At Not While Work At Work	
	22. I certify that (I) (this it al) attended the deceosed fram	larch 29 1968 to May 2/ 1968.
	that (I) (we) last sow the deceased alive an Mall	19 1968 and that in (my) (oplnion eath occurred on the date
	and haur and from the causes stated obave. (1) (4) (did)	
	23A SIGNATURE	238 DATE SIGNED
1	Marie OCE Megres Phys	
	23 OF HYSICIAN'S NAME (Type)	23D. ADDRESS Beltimore
	A-VITTRBULD MUDGEREE	4106 Harford Road mil
12	44. BURIAN CREMATION, 248, DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City, town, or county) (State)
2	13URIA 5/23/68 LOUGON PAI 5A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
1	5A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. PUNERAL DIRECTOR APDRESS APDRESS APDRESS
V	MAY 24 1900 UF JOE STOCKED STO	III DUNGSON THE

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The Harden May 4706 Hasher Ross

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

	68	5339
NO		

BALTIMORE CITY HEALTH DEPARTMENT

EG. NO.	68	5339

BIRTH NO.	ASED		2 DATE AN	D HOUR OF DEA	TH	
(Type or Print)		T MALLOY	5	. 17- 1	50	7:50 A
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe		If institution: residenc	e before odmissio
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	770		And the second	
INSTITUTION			GALTIMORE	D.	YES TO	(A)
LUTH	ERAN HOSP	ITAL OF MARYLAN	E. STREET AND NUMBER			140
46			3049 WE	ST NORT	H AVENU	
MALE	Colonid	7. MARRIED NEVER MARRIED WIDOWED	8. DATE OF BIRTH OCT 22, 1914	9. AGE (In years lust hirthday)	If Under 1 Yr. Months Doys	
	ATION (Give kind of work rking tite, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	ign country)		WHAT COUNT
Ship PAI	INTEN	Md VRydock	BENNETTYILLE	5.0.	0.	SA
13. FATHER'S NAMI	1 1 1/		14. MOTHER'S MAIDEN NA	ME	/	
JOE	MALLO	X	HAILIE 1	M. W/1	Son	1850
(Yes, no or unknown)	ver in U.S. Armed Fore If yes, give wor or dote:	s of service) 1 6. SOCIAL SECURITY NO.	IV. INFORMANT	D-1	229 N	1151, 5
		249-03-2535	EKENSIINE	KOACh	NEW YOR	K, NY
1B.1 3 1	0 1	CAUSE OF DEA	ТН			ONMATE INVERVAL N ONSET AND DEA
	OR CONDITION DIR EADING TO DEATH		CVAICER	E 0.001 11	AE HORRUAA C	(c)
	mean the mode of	dying, e.g., (A) IMMEDIATE CA	S A CONSEQUENCE OF:	2/3/2/10 147	TO TOTAL OFFICE	3 C-2
	sthenio, etc. II means lication which coused	death.)				
Al	NTECEDENT CAUSES	(B) #	YPERTENSIE	W		
DISEASES OR	CONDITIONS, if	any, giving (B)	YPERTENSIE	>		
DISEASES OR		any, giving (B)		W		
DISEASES OR	CONDITIONS, if above couse (A)	any, giving DUE TO, OR A stating the (C)	AS A CONSEQUENCE OF:			
DISEASES OR rise to the UNDERLYING	CONDITIONS, if above couse (A) CONDITION last.	any, giving DUE TO, OR A stating the (C)	AS A CONSEQUENCE OF:		ASCULAR ME	SASE"
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITIONS, if above couse (A) CONDITION last. II CANT CONDITIONS CONBUT NOT RELATED TO THOUSE TO THE NOTITION BY PART	stating the (C)		FIC CAROLOVI	ERE FINDINGS CONS	IDERED
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITIONS, if above couse (A) CONDITION last. II CANT CONDITIONS CONBUT NOT RELATED TO THOUSE TO THE NOTITION BY PART	ony, giving Stating the (C)	SINO ARGERIO SCIENCE	FIC CAROLOVI	SCULAR PE	IDERED
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DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO 19.A. DATE OF CO 21.A. ACCIDENT OR CONTRIBUT DEATH (notify in	CONDITIONS, if above couse (A) CONDITION last. ILLIANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PAR OPERATION 198. CON WAS PERF TWAS UNDERLYING ING CAUSE OF nedical examiner)	Stating the CC)	20A. AUTOPSY? (Yes or No YES) in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WE IN CERTIFYING	ERE FINDINGS CONS CAUSES OF DEATH	IDERED ?
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DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO 19.4. DATE OF CONTRIBUT DEATH (notify not 19.4. DEATH (not 19	CONDITIONS, if above couse (A) CONDITION last. CONDITION last. CANT CONDITIONS COMBUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF LAST PERFORMANCE OF LAST PERFORMANCE (TWAS UNDERLYING LAUSE OF LAST LAST PROBLEM (TWAS UNDERLYING LAUSE OF LAST LAST LAST LAST LAST LAST LAST LAST	Stating the CC)	20A. AUTOPSY? (Yes or No YES) "in or obout 21C. WHERE DID office bidg., NJURY OCCUR? 21F. HOW DID INJuny office bids of the	OP 208. IF YES, WE IN CERTIFYING (If In Both) URY OCCUR?	ERE FINDINGS CONS CAUSES OF DEATH imore City, give exoct 5 - 17 opinion deoth acc	location) 19 4
DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT OR CONTRIBUT DEATH (notify not 1) The contribution of the co	CONDITIONS, if above couse (A) CONDITION last. CONDITION last. CANT CONDITIONS COMBUT NOT RELATED TO THE NOT RELATED TO THE NOTION OF LAST PERFORMANCE OF LAST PERFORMANCE (TWAS UNDERLYING LAUSE OF LAST LAST PROBLEM (TWAS UNDERLYING LAUSE OF LAST LAST LAST LAST LAST LAST LAST LAST	Stating the CC)	20A. AUTOPSY? (Yes or No YES) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJ	208. IF YES, WE IN CERTIFYING (If In Both) URY OCCUR?	ERE FINDINGS CONS CAUSES OF DEATH imore City, give exoct	location) 19 4
DISEASES OR rise to the UNDERLYING OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT OR CONTRIBUT DEATH (notify not 1) The contribution of the co	CONDITIONS, if above couse (A) CONDITION last. CONDITION last. CANT CONDITIONS CONDITI	TRIBUTING HE TERMINAL 1 I (A). 1 (B). 1 (A). 1 (B). 1 (C). 1 (C)	20A. AUTOPSY? (Yes or No. YES) "in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJuite On the bidg of the bidg of the bidg of the bidg. 19 b D ond the view the bady after death. thending Med. Director Director Director ACHSURTA	O) 20B. IF YES, WE IN CERTIFYING (If In Both URY OCCUR? 19 60 ta	ERE FINDINGS CONS CAUSES OF DEATH imore City, give exoct 5 - 17 opinion deoth acc	location) 1948 Surred on the do
DISEASES OR ITSE TO THE UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify in OF INJURY (APPROX.) 21D. TIME (APPROX.) 22. I certify to that (I) (we) Itsease (I) (we) It	CONDITIONS, if above couse (A) CONDITION last. II CANT CONDITION COINT (A) BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198. CON WAS PERF I WAS UNDERLYING ING CAUSE OF nedical examines) Month) (Doy) (Year) that (#) (this hospital lost sow the decease fram the causes state from the cause	Stating the CC	20A. AUTOPSY? (Yes or No. YES., in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJunt Office bidg., 19 b.C. ond the view the bady after death. Med., Director	O) 20B. IF YES, WE IN CERTIFYING (If In Both URY OCCUR? 19 60 ta	ere findings cons Causes of Death imore City, give exoct 5 - 17 opinion deoth acc	locotion) 1968 Furred on the d
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT OR CONTRIBUT DEATH (notify in DEATH (notify in CAPPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) It and haur and 23A. SIGNATURI NAME (Typ.)	CONDITIONS, if above couse (A) CONDITION last. II CANT CONDITION COINT CONDITION COND	Stating the CCMETERY of CO	20A. AUTOPSY? (Yes or No. YES) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	OZOB. IF YES, WE IN CERTIFYING (If In Both URY OCCUR? 19 69 ta not in (my) (our) Shoff Phys. K	S- 17 pinion deoth acceptable S. 17 BACTITIONE	IDERED 1968 FUTD 217
DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify not 19A. DATE OF INJURY (APPROX.) 21. I certify to that (I) (we) It and haur and 23A. SIGNATURE 23C. PHYSICIAN NAME (Typ) 24A. BURIAL CREM	CONDITIONS, if above couse (A) CONDITION last. II CANT CONDITION COINT RELATED TO THE CONDITION OF THE COND	Stating the CCMETERY of CO	20A. AUTOPSY? (Yes or No. YES) "in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 60 ond the view the bady after death. Thending Med. Director Director Company. 23D. ADDRESS 73.0 ASHBURTER.	OZOB. IF YES, WE IN CERTIFYING (If In Both URY OCCUR? 19 69 ta not in (my) (our) Shoff Phys. K	pere FINDINGS CONSCAUSES OF DEATH imore City, give exoct 5 - 17 opinion deoth accomplished to the second s	locotion) 1968 Surred on the

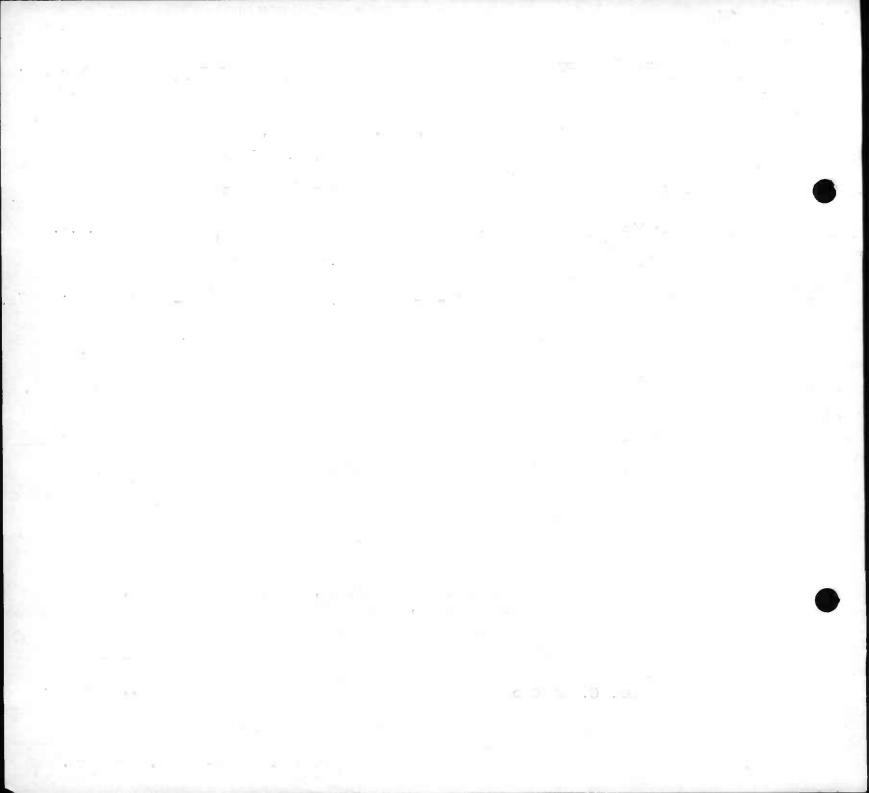
VS 150-REV. 1/1/68

magazine in the service a fit was referred as a second to the The state of the s

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

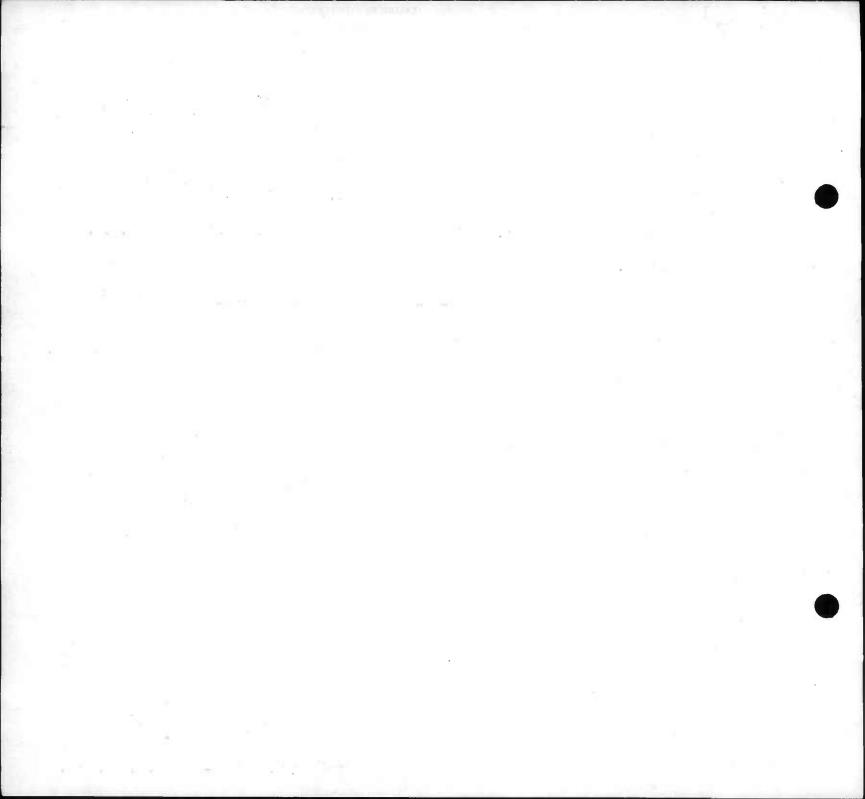
VS 150-REV. 1/1/68

BIRT	TH NO.	68.	- 534	U CERTIFICA	TE OF DEA	TH REG. NO.	08-5340
	e or Pint)		11.12		2. DATE AND HOUR OF DEATH		
Mercedia Mary dia Arrington 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD					5-15-68 7:15 A.M. [14, USUAL RESIDENCE (Where deceased lived, If institution; residence belate admission)		
3. 1	LACE IN BALT	IMORE MARILAND, W	HERE PRONO	UN CED DEAD	A. STATE 8	, COUNTY	institution, residence before damission,
FUI	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Maryland		NOT CITY I WAS A
	NOITUTION			C. CITY OR TOWN		SIDE CITY LIMITS?	
39 Provident Hospital, Inc.			Baltimore, YES X NO LES STREET AND NUMBER 1317 W. Lafayette Avenue				
5. S	emale	6. RACE Negro	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Haurs Min.
			108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State	e ar lareign country)	12. CITIZEN OF WHAT COUNTRY
Jan	Domest:	vorking lile, even il retired) i C	Pvt.	Family	North Ca	arolina Manteo	U.S.A.
3.	FATHER'S NAM				14. MOTHER'S MAIL		
	Piec	dmont Thomas			Mary S	Skinner	
S. \	Was Deceased	Ever in U. S. Armed Far	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	,no or unknawn)	(II yes, give wor ar date	s at service)	219-20-9564 CAUSE OF DEAT		che Williams-N	iece 1628 W. Lang
	(This does n heart lailure, injury or com	LEADING TO DEATH of meon the made of osthenio, etc. If meons uplication which coused ANTECEDENT CAUSES	the disease, deoth.)	OUL 16, OK AS			
-	rise la lhe obove couse (A) stoling lhe UNDERLYING CONDITION lost. (C)						
ICATION	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 198. CON	HE TERMINAL T 1 (A). DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Y	es ar Na) 20B. IF YES, WERE	E FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED				No	IN CERTIFYING C	AUSES OF DEATH?
AL CE	OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE			in ar obaut 21 C. WHERE Iffice bldg., INJURY OC	CUR? (If in Boltime	are City, give exact lacation)	
MEDIC	21D. TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Wark			10 🗖	DID INJURY OCCUR?		
	22. I certify	that (1) (this haspital) attended t	he deceased from AI	ril 19,	19 68 to Ma	ay 15, 19 68
		last saw the decease					pinlan death accurred an the dat
	and haur and		ed abave. (I) (We) (did) (did nat)	view the bady after	death.	23 B, DATE SIGNED
	Churchs DEGREE Phys				Staff Phys.	5-15-68	
	NAME T	Dr. C. Lar	edo	DEGREE	1514 Divis	ion Street Ba	alto., Maryland
24/	REMOVAL (S Burial			AME of CEMETERY of CR			City, town, or county) (State) Maryland
254	DATE REC'D	BY HEALTH DEPT. AY 22 1968		OF REGISTRAR	25C. FUNERAL D		W. North Ave.



VS 150-REV. THE AR

		CQ	- 534	BALTIMORE CITY	HEALTH DEPARTMENT		00 -	
	DIDT		004	CERTIFICA	TE OF DEATH	REG. NO	68 mm 5341	
	1. N	H NO. AME OF DECEASED o or Print)	15	I FUE RT	A 2. DATE AN	D HOUR OF DEATH	1/030	
	3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. If in	stitution: residence before odmission)	
	HO:	SPITAL OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	\supset	TV IMPES	
	IN S.	TITUTION		0 / /	Baltimore	10. 145	YES KX NO	
	11	Sinai Hospita	105	Baltis	E. STREET AND NUMBER		123 (12)	
	19	gina nomo	00 100	4300 Miami Place				
	S. SI		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.		
	F	emale Colored	WIDOWED	DIVORCED [Sept. 28,1897	70		
		USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
	l .	Domestic	Pvt. F	amily	Lancaster Co.	Virginia	U.S.A.	
		ATHER'S NAME			14. MOTHER'S MAIDEN NA			
-	1	Robert P. Morris			Emaline .	Johnson		
	15. V	Vos Deceosed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	(Yes,	,no or unknown) (If yes, give wor or date	s of service)	SECURITY NO. 212-32-1917	Margaret DeLea	ever-4300 Mi	ami Place	
	-	1B. // D 7 C/		CAUSE OF DEAT		2 7 6 2 7 6 6 6 7 7 2	APPROXIMATE INTERVAL	
		DISEASE OR CONDITION DI	DECTI V		2	47	BETWEEN ONSET AND DEATH	
		LEADING TO DEATH	CECTET	(A) IMMEDIATE CAL	Bonchupn	Marione	2 days	
		(This does not meen the made of			A CONSEQUENCE OF:			
		heart failure, asthenia, etc. It means injury at camplication which caused						
		ANTECEDENT CAUSES		(0)	CVA		Iwk	
2	DISEASES OR CONDITIONS, if ony, giving (8) DUE TO, OR AS A CONSEQUENCE OF:							
3		underlying condition lost.	stoling the	(alteriore	leratio Cerebrova	scular dese.	en 2 days	
		22 //Y II		(V/2000000000000000000000000000000000000				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A SCUD							a know	
	A	TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).				/	
	ERTIFIC	19A. DATE OF OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?						Uf in Rottimo	re City, give exoct location)	
	AL (21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hom etc.		fice bldg., INJURY OCCUR?	(11 111 0011111101	e city, give exoct location)	
3	U				015 110 11 110 111			
5	N N	21 D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED ite At Not While	21 F. HOW DID INJ	URY OCCUR?		
5		(APPROX.)	Wo					
		22. I certify that (1) (this haspital) attended the deceased from 5 / 19 6.8 to 5 / 5 19 6.8 .						
		that (1) (we) lost saw the deceosed clive an 5//5 19 68 and that in (my) (our) opinion decth occurred on the date						
4	ond hour and from the causes stated above. (1) (We) (did) (dld not) view the bady ofter death.							
2		23A, SIGNATURE 23B, DATE SIGNED Attending Med. Staff						
		(inutto h)	the	DEGREE Phy		Staff Phys.	5/15/68	
		23C. PHYSICIAN'S NAME (Type)		+	23D. ADDRESS	1 12	11-	
2		LEVNETH	t WE	CHER, MODGEREE	Depac 14	esp of De	9500	
3	24A	BURIAL CREMATION, 248. DATE REMOVAL (Specily)	24C. N	AME of CEMETERY of CR		OCATION (C	ity, town, or county) (State)	
	E	Burial 5/18/6	B A:	rbutus Memori	al Park Bal	timore Co.	Maryland	
	1	. DATE REC'D BY HEALTH DEPT.	2SB. NAME 4	OF REGISTRAR	25C FUNERAL DIRECTO	R	ADDRESS	
		80 4000 6	0 6	To Company	Herbert E. W	utter-3035	W. North Ave.	

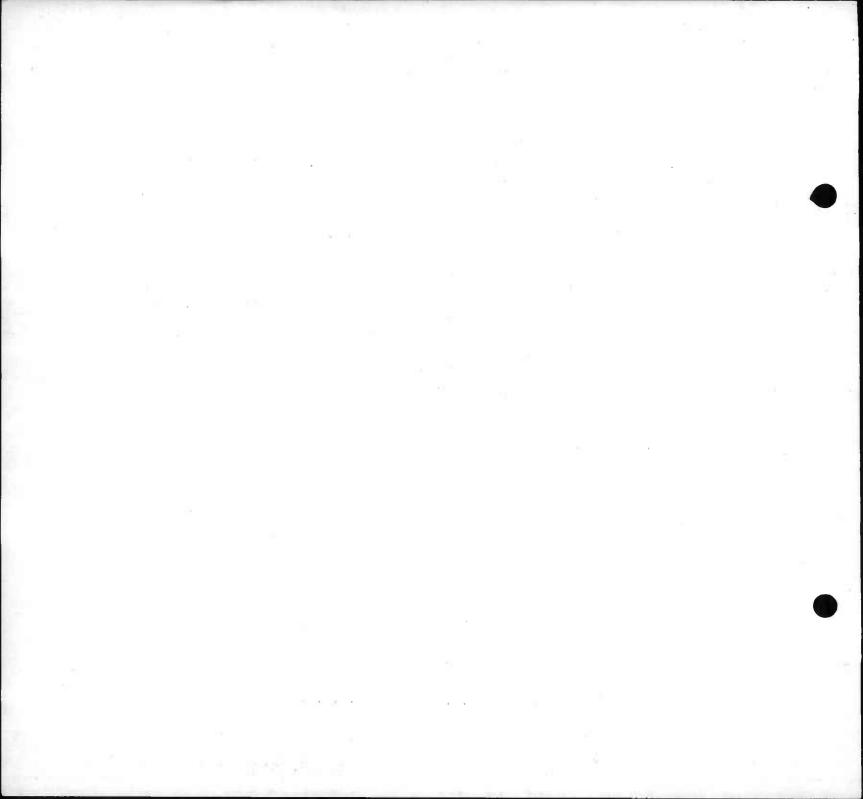


VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMEN	BALTIMORE	CITY	HEALTH	DEPARTMENT
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REG. NO.	68-	5342

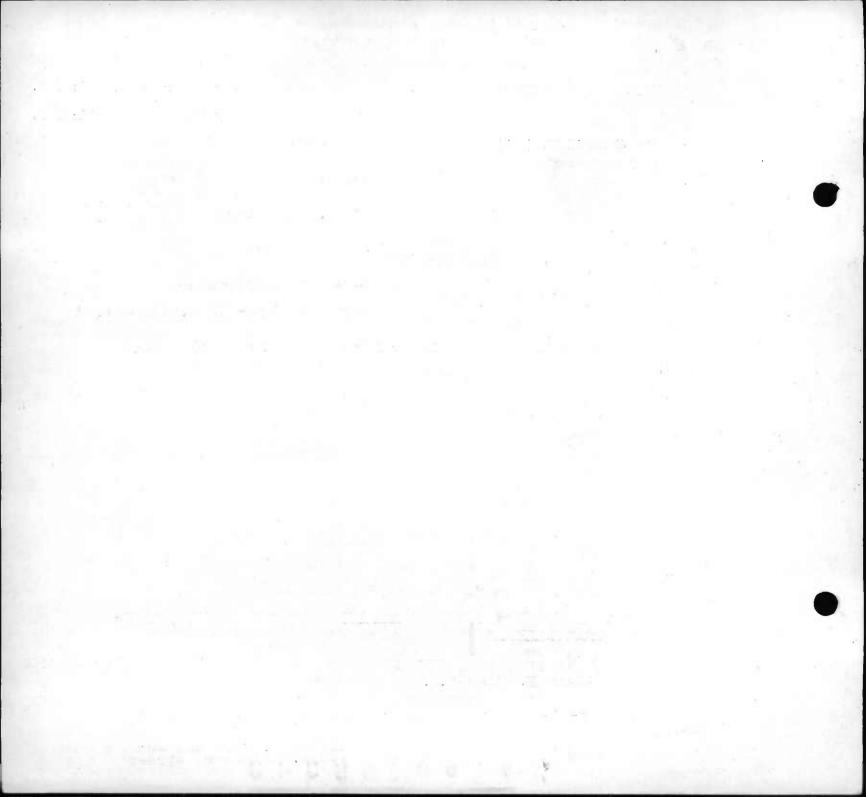
BIRTH NO.	342 CERTIFICA		DATE AND HOUR OF DEA	ATH
(Type or Print) Fannie Futr	5/19/68		70 07	
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		4. USUAL RESIDEN	NCE (Where deceased lived.	## IU: ZI 2 • M. If institution: residence before admission)
Ma phy hour	thing a wide will resolve	A. STATE Mary	B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN	Tallo	I VSIDE CITY LIMITS?
INSTITUTION		Baltimore	0.	Ver En la North
43		E. STREET AND N		
SOUTH BALTIMORE GENERAL	HOSPITAL.	730 S. H	anover Street	
	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	OWED DIVORCED	8/25/05	lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KI			ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Retired		8 0		1.1
13. FATHER'S NAME		S.C.	IDEN NAME	
			1100 814 14777718	
Will Barnett	11.6 0000	Mary		ADDRESS
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		
ATT OF		berey Fut	trill-2II-W.	Hill Street
LEADING TO DEATH (This does not mean the mode al dying heart failure, osthenia, etc. It means the dinjury or complication which coused deoth. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) statin UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving (B) DUE TO, OR A (C)	20A. AUTOPSY? YES,	(Yes of No) 208, IF YES WIN CERTIFYING	
21 D. TIME (Month) (Doy) (Yeoi) (Hou OF INJURY (APPROX.)	While At Not Wh	nile 🖂	DID INJURY OCCUR?	
22. I certify that (X) (this haspital) atte			19 ***	5/70/68 10
that (10) (we) last saw the deceased aliv	ve an 5/19/68	19	and that in New (aux)	aninian death accured an the date
				apan deam decorted on the date
23A. SIGNATURE	and haur and from the causes stated above. (1) (We) (did) (did) (did) (2704) v			23 B, DATE SIGNED
1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	tending Med.		5/20/68	
23C. PHYSICIAN'S	Care Medree Ph	23D. ADDRESS	tor L Phys. L	3/20/00
NAME (Type)	ACTU NO TO		1012 T4 ~h+ 0	t me e t
RICHARD H. MA	DEGRE	S.B.G.H.	1213 Light S	
24A. BURIAL CREMATION, PAREMOVAL (Specify) 5-24-68	Baltimore Nati		Baltimore	(City, town, or county) (State)
	NAME OF REGISTRAR			
	Bull 28 Falleria	O ±8819	Montge word	Street



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0 .			

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030
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BIRTH NO	7-21925	MED	ICAL	EXAMINER 5	EKTIFICATE O	IF DEATI	REG. NO.			
1. NAME OF	DECEASED				2. DATE Known	Month	Day	Year	Hour	57
(Type or Print)	TAMES	S	TINNE	Y	OF Estimated	□ May	17, 1968	3	11:55	PM
4. PLACE IN	BALTIMORE, MA	RYLAND, W	HERE PRO	ONOUNCED DEAD	3. DATE	Month	Day		Haur	
FULL NAME OF	(IF NO	T IN HOSPITA	L OR INSTITUTE	TUTION, GIVE STREET	PRONOUNCED DEAD	May	17, 1968	1	11:15	P.
OR INSTITUTIO		:33 OR LOCA	IION		5. USUAL RESIDENCE (Wh		ed. If institution: r	residence be	ore odmiss	ion)
	MERCY HO	SPITAL	(DOA)	A. STATE Maryland		B. COUNTY			
6. SEX	7. RACE		8. MARRII	ED NEVER MARRIED	C. CITY OR TOWN	1	D. INSIDE CH	MMID?	-	
Male	Negr	0	WIDOWI		Baltimore		5 - YES	N	0 🗆	
9. DATE OF E	IRTH	10.AGE (In	years	If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER		125			
		last birthda	y) /	Manths, Days, Hours, Min.	127 S. Exter	Street				
11 BIRTHPLAC	E(State or foreig	an country)	1	2. CITIZEN OF	13. FATHER'S NAME		_			
_	more Md	-		WHAT COUNTRY?	James Stinn	nev				
			LAR KIND	OF BUSINESS OR INDUSTRY						
done during mas	t of warking life, ev	en if retired)	145.KII46	OI DOSHALSS OK HADOSIK						
Chil		II C A DAAFE	FORCES	117 606111	Lora Drummo	ond (Mot	her)	ORESS		
(Yes, no or unkn	ASED EVER IN	wor or dotes	of service)	17. SOCIAL SECURITY NO.		J TT7				
					Lora Drummo	ona-115	W.HILI			
19. 19	4 X 1			CAUSE OF DEA	TH				OXIMATE INT N ONSET AN	
DIS	EASE OR COND	ITION DIRE	CTLY	Interst	itial Pneumoni	tis (SDI	I)			
	LEADING TO	DEATH		(A)IMMEDIATE C	AUSE					
(This do	es not mean the lure, osthenio, etc	made of dy	ing, e.g.,		AS A CONSEQUENCE OF:					
	camplication whi									
	ANTECEDENT	CALISES		(4)						
DISEAS	ES OR CONDITI		, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:					
	THE ABOVE CA		TING THE							
Z		TOTT ENOT		(C)						
525	IGNIFICANT COI	II	ONTRIBLITI	NG						
O TO THE	DEATH BUT NOT	TRELATED TO	THE TERMIN							
	OF OPERATION			OR WHICH OPERATION W	AS PEREODMED			21. AUTOPS	V2 (Yes or	No)
8	O O EKANO	205. CO	ADIIIOI41	OR WINCH OF ERRIDIN W	AS TERI ORINED					,
-2	TERRIAL CALLER	MAG	- In	OR BLACE OF INITIBY	- Land WHERE DI	D /// - D ///	6:1	ує	. 5	
OHNDERIV	TERNAL CAUSE ING□OR CON	ITRIB-	H	22B.PLACE OF INJURY(e.g., name, form, foctory, street, affic	e bldg., etc.) INJURY OCCUR	??	e City, give exact	location)		
UTING D	CAUSE OF DEA	ATH. Doy) (Yeo:	r) (Hour)	22E.INJURY OCCURRED	22F. HOW DID	INTITIES OCCI	ID2			
OF INJUR	Υ) (Teo	(11001)		WHILE C	HAJORT OCCU	, K.			
(APPROX.)					ORK 🔲					
23.						- Alta I ta	dend to			
	certify that I h	- 1	nquiry L				death in my a	1		
re	sulted from	latural cau	ses M	Accident Suicio			red manner L)		
	\$1		411	110	CHIEF MEDICA			D	ATE SIGN	ED
ACTI SIGN	IATURE	NG	111	M.D	ASSISTANT MEDICA	AL EXAMINER	لعا		18,	
EXA	MINER'S NE (Type)	Edward	F. W	ilson,M.D.	ASSOCIATE MEDICA	AL EXAMINER				
24A. BURIAL	CREMATION, 2	24B. DATE	60	24C. NAME of CEMETERY		4D. LOCATION			(State)
REMOVAL (S		5-2I-	-00	Mount Aubur	n Cemetery	Balt:	Lmore C	ity		
Burio	CD BY HEALTH	DEPT.	25B. NZ	AME OF REGISTRAR	25C. FUNERAL DIRE	CTQR	ADI	DRESS		
			00	E. O. FARLES	25C FUNERAL DIRE	brown	and So	n		
	MAY 2	4 1200	Holes	ر براسان کی الل	IOS_W.Mo	urbeomer	y stre	et		
VS 151-REV. 1/	1/68		1	0	2000	Q				



VS 150-REV. 1/1/6B

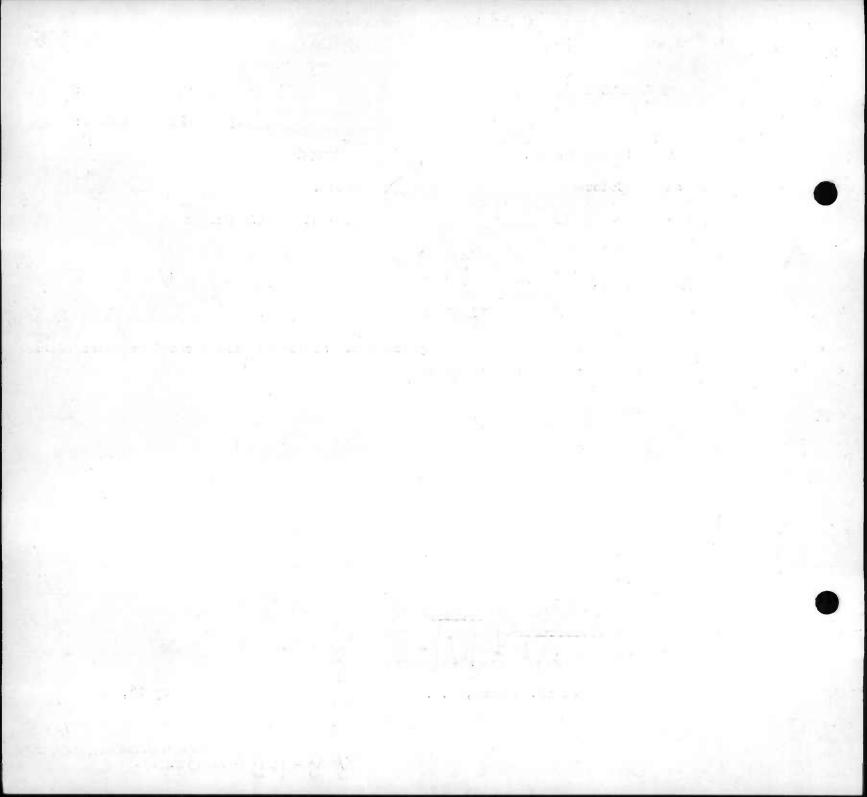
1	7		BALTIMORE CITY	HEALTH DEPARTMENT		00 5014
	1230	68- 534	A CERTIFICA	TE OF DEATH	REG. NO	68 5344
	H NO.	00 004			HOUR OF DEATH	
	e or Print)	CACTIAL	1 COSTANT	INIA MINY	10 1918	17 a
3. P	LACE IN BALTIMORE, MARYL	AND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	decessed lived. If insti	tution; residence before admission)
HO		HOSPITAL OR INSTITUTOR LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
6	39 S. Ed	ast Ave nue		E. STREET AND NUMBER	RE 1	YESX YOU
5. S	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	AGE (In veors	If Under 1 Yr., If Under 24 Hrs.
	mak W.	WIDOWED			70 birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give ki		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
done	Retired	Consti	ruction Worker	Foggia, Italy		U.S.A.
13. [ATHER'S NAME	- '		14. MOTHER'S MAIDEN NAM	NE.	
	Paul			Catherine		
15. V	Nos Deceased Ever in U. S. A	med Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	,no or unknown) (If yes, give we	ar or dotes of service/	216-01-8914	Mrs. Josephine M	Melpignano, 3º	9 S. East Avenue
	1B. 2112 4 1		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDIT			at Throm base	7	7 days
	(This does not meon the sheort loilure, osthenio, etc.	mode of dying, e.g.,	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	V. bi	see Unknown
	injury or complication which	coused deoth.)		- Soleration Caroles		
	ANTECEDENT	CAUSES	(B) C+77	nang anten	Disense	Unknown
	DISEASES OR CONDITION					
	UNDERLYING CONDITION		(c) a.	S.C.Y. Dises	tor	
_	420,1 11					
ATION	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT RELA					
CAT	DISEASE OR CONDITION GIVE	N IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20R IF VEC WERE FIR	IDINGS CONSIDERED
ERTIFIC	DALBATE OF OPERATION	WAS PERFORMED	WHICH OFERATION	200. AUTOFST: tres of tro	20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
AL CE	21 A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examin	OF hom	ne, lorm, foctory, street, of	n or obout 21C. WHERE DID fince bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
Di C		(Yeor) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
×	OF INJURY (APPROX.)	Wh	nile At Not While			
				. 1	959 10 Mrs	1 18 19 6 8
	22. I certify that (I) (this that (I) (we) lost saw the		me . 11			on death occurred on the date
			9		or midney (our, opini	on death accorded on the date
	ond haur and from the cou 23A. SIGNATURE/	ses stoted obave. (1) (100) (did) (d id no t) v	new the body after death.	15	23 B. DATE SIGNED
	Philibert	artin	Atte Phy		Staff Phys.	5/20/68
	23C. PHYSICIAN'S NAME (Type)	. (. DEGREE	23D. ADDRESS	-	2 - 4
	Philibert a	rtigianc	DECREE	2305 Mayfiel	Lave- le	Faltomore Mil
24A	BURIAL CREMATION, 24B.	DATE 24C. N	AME of CEMETERY of CRI	EMATORY /24D. LO	CATION (City,	, town, or county) (Stote)
1		21/68 Sad	cred Heart		timore, Maryle	a nd
25A	DATE REC'D BY HEALTH DI	PT. A DEB. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	Zanner	ADDRESS
M	AN ER 1200 APK	year Ti g	8 8 0	Joseph N. Zanni	bo, 263 S. Co	onkling Street



68- 5345 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.
	my training a mile of		

MEDICAL EXAMINER'S C		68- 5345
BIRTH NO.		
Type or Print)	2. DATE Knawn Manih Day	Year Haur
MARY TAYLOR	DEATH Estimoted 5 21	68 9:20 рм.
I. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Haur
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) RINSTITUTION	PRONOUNCED DEAD May 21 5. USUAL RESIDENCE (Where deceased lived. If institution	1968 9:20 р м.
	A. STATE B. COUNTY	. residence beidre odmission)
)() 1104 Clendentin St.	Maryland	
5. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	TY LIMITS?
Female Colored WIDOWED DIVORCED	Balto.	isses A Do 🗆
	E. STREET AND NUMBER	U
12/3 p/ 0 1 last birthday) Months; Days; Hours; Min.	110/ Clandantin Charact	
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1104 Clendentin Street	
WHAT COUNTRY?	UNUNOWN	
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY		q
one during most of working life, even if refired)	UNUNOWN	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DDRESS
Yes, no or unknawn) (If yes, give war ar dates af service) SECURITY NO.	A. A	
NO 215-22-5493,	LYARIHENIA BAILS-1	104 CLENDENING
19. LL 12. 2 CAUSE OF DEAT	Н	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypert	ensive arteriosclerotic cardi	ovascular disease
LEADING TO DEATH (A)IMMEDIATE C.		
(This does not mean the made of dying, e.g., DUETO, OR A	S A CONSEQUENCE OF:	
heart failure, osthenio, etc. It means the disease, injury or camplication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
		No
	n or about 22C. WHERE DID (If in Baltimare City, give exa	
UNDERLYING OR CONTRIB-	bidg., etc.) INJURY OCCUR?	
\(\frac{\text{UTING} \text{ CAUSE OF DEATH.}}{\text{22D. TIME (Month) (Day) (Yeor) (Hour) 22E.1NJURY OCCURRED}\)	22F. HOW DID INJURY OCCUR?	
OF INJURY	WHILE IT	
(APPROX.) m. WORK AT W		
23.		
I certify that I held on Inquiry Inspection Aut	opsy ond that on this basis, death in my	opinion
resulted from: Natural causes X Accident Suicid	e Homicide Undetermined monner [
	CHIEF MEDICAL EXAMINER	
ACTUAL AND AND TO THE	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE		
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	May	22, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town	n, ar county) (State)
1210161 5/15/16 MT MIRIO	AL CEM. IPLATIMADI-	- M()
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DOBESS
25A. DATE REC'D BY HEALTH DEPY. 25B. NAME OF REGISTRAR	3/6.6 WI	BROOM MIF.
16AV 22 1968 12 Day 15 2 NOVE	MARKARETT AB. BRAM	PORESS NEROON AVE.
'S 151-REV. 1/1/68	3 3 1 3	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

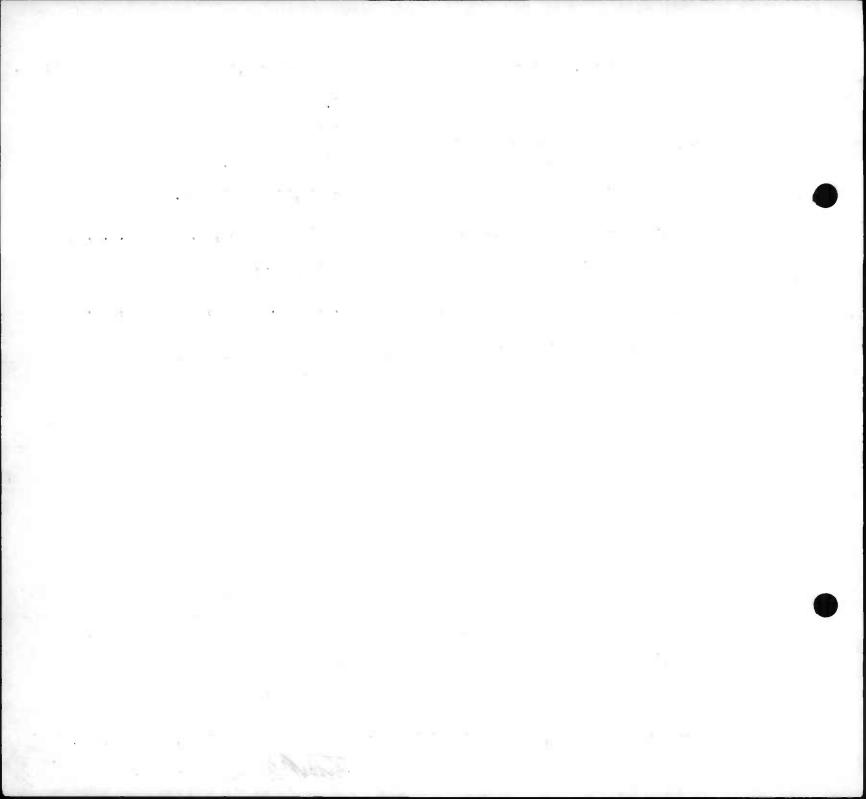
VS 150-REV. 1/1/68

					G8	1 77
BIRTH NO.					136	
I. NAME O		A SED				
Type or Prin	1†)	Tvy	r ī	¿. :	Nes	1
3. PLACE II	N BALTI	MORE,	MAI	RYLAN	ID, \	
FULL NAM HOSPITAL INSTITUTIO	OR			IN H S OR		
90	The	Hous	se	In	Th	1
1						

- 5346	BALTIMORE CITY HEALTH DEPARTMENT
	CERTIFICATE OF DEATH

REG.	NO.	6	8	5346

IRTH NO.	00	004	CERTIFICA	TE OF DEATH	REG. NO	00- 0040
NAME OF DEC	EA SED			2. DATE A	ND HOUR OF DEATH	+
ype or runn	Ivy R. Mea	ley		lay	6,1968	5:30pm
PLACE IN BAL	TIMORE, MARYLAND, W	State of the last	NCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived, If	institution: residence before admission)
ULL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	c. CITY OR TOWN	D. IN	S DE CITY HIMIS
70 The	e House In The	e rines	Belvedere	Baltimore E. STREET AND NUMBER 30066outhern	Ave.	YES 🔏
SEX	6. RACE	7. 44 A D D I T	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
Temale	White	WIDOWED		Warch 18,1893	lost birthdoy) //5 yrs.	Months Doys Hours Min.
	UPATION (Give kind of work working life, even il retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
	al Nurse	Self-e	aployed	Dallimore Co	ounty la.	U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
	arry Fidler			Clara Jane	E Ensor	
Wos Deceosed	Ever in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	Mone	0. 0000	SECORIFI NO.			
18. ,			CAUSE OF DEATH	Fas. Edna D. C	aples, Siev	APPROXIMATE INTERVAL
UNDERLYIN 157 X OTHER SIGNII TO THE DEAL DISEASE OR C	e obove couse (A) G CONDITION lost, II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO TO THE BUT NOT RELATED TO TO TO TO THE BUT NOT RELATED TO TO TO TO TO TO THE BUT NOT RELATED TO	NTRIBUTING HE TERMINAL T 1 (A).	(c)			
19A. DATE OF	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING C.	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B. I home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give exact locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		e At Not While	21F. HOW DID IN	JURY OCCUR?	
	that (1) (this bospite)			9 / 2 5 19 68 and t	19 <i>63</i> _ta_ hat in(my) (****) ap	5 - 6 19 68 Dinian death accurred an the dat
and haur an	d fram the causes sta	red abave. (H)	(We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATI		man	Atte	nding [52] Med.	Staff Phys.	23B. DATE SIGNED 5-8-68
23C. PHYSICIA NAME (AN'S (ype)	0	GEGREE;	22D ADDRESS		Balloz Md.
A. BURIAL CRE	MATION, 24B. DATE Specify)	24C. NA	ME of CEMETERY OF CRE	EMATORY 24D.	LOCATION (City, town, or county) (Stote)
Burial	ray 9,		ringîield Cem	etery S	ykesville,	Carroll, Maryland
A. DATE REC'C	AND THE ALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	1 //	ADDRESS

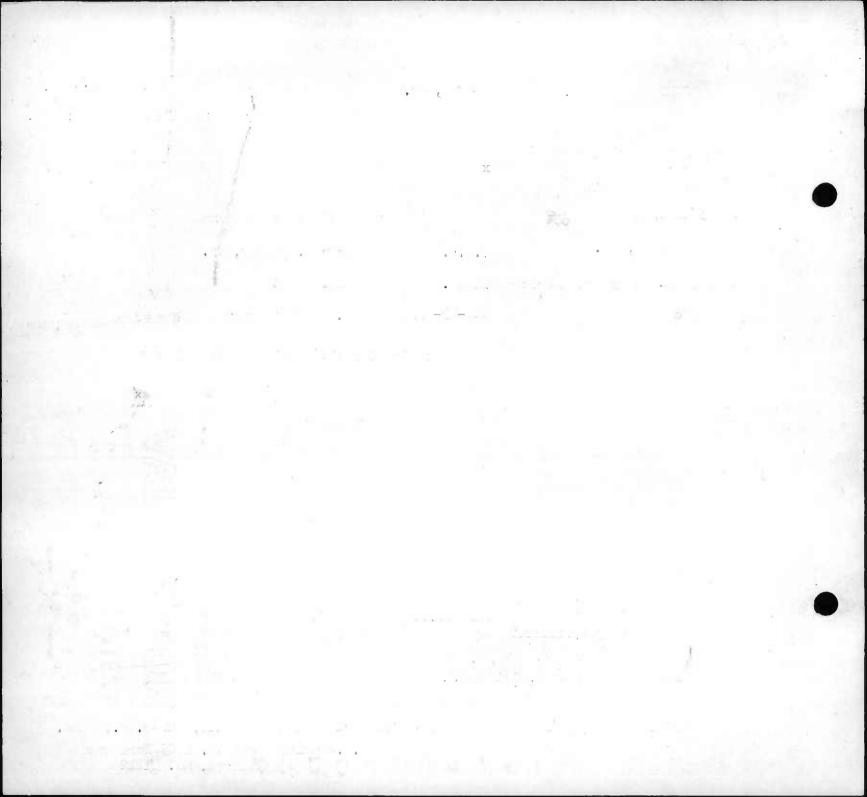


W-256

68- 5347 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68-5347

BIRTH NO.		
1. NAME OF DECEASED	2. DATE Known Month Doy	Yeor Hour
JOHN L. WAGNER Jr.	DEATH Estimoted KI May 21, 196	8 1:00 A. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 21, 1968	12:05 P.
73817 Crestlyn Avenue	S. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY Maryland	residence before odmission)
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
male white WIDOWED ☐ DIVORCED ☐		NO 🗆
9. DATE OF BIRTH 3/16/1900 10. AGE (In yeors lost birthdoy) 68 If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 3817 Crestlyn Avenue	1.0-
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Towson, Md. WHAT COUNTRY? U.S.A.	John L. Wagner, Sr.	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		
Retired-Accountant American Oil Co.	Lilly Yost	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADI	DRESS
No 216-03-9930	Mrs. Lydia Wagner (Same	
19. CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH ATTERIOS	clerotic Cardiovascular Diseas	e
(A)IMMEDIATE C	AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)		
ANTECEDENT CAUSES (B)	AS A CONSTOURNEY OF	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
<u>Q</u> 422,1 II		
C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
0		
▼ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give exact	No
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office)		Totalish
	22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE	
23.	ORA 🔠	12 20
I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my a	pinlan
resulted fran: Natural causes X Accident Suicid	le Hamicide Undetermined manner	
1111. 10	CHIEF MEDICAL EXAMINER	
ACTUAL / SAL TAN	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Werner U. Spitz, MD.		5/21/68
EXAMINER Werner U (Spitz, MD. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town,	or county) (State)
	morial Park Parkville, Balto	.Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	H.W. Jenkins& Sons Co. 4905 Y	DRESS
MAY 22 1968 R. Carbo E. Starbura	H.W.Jenkins& Sons Co. 4905 Y	ork Road
VC 151 PFV 1/1/4P		



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucth	written approval must be obtained before the remains are embalmed or final disposition is made.	1
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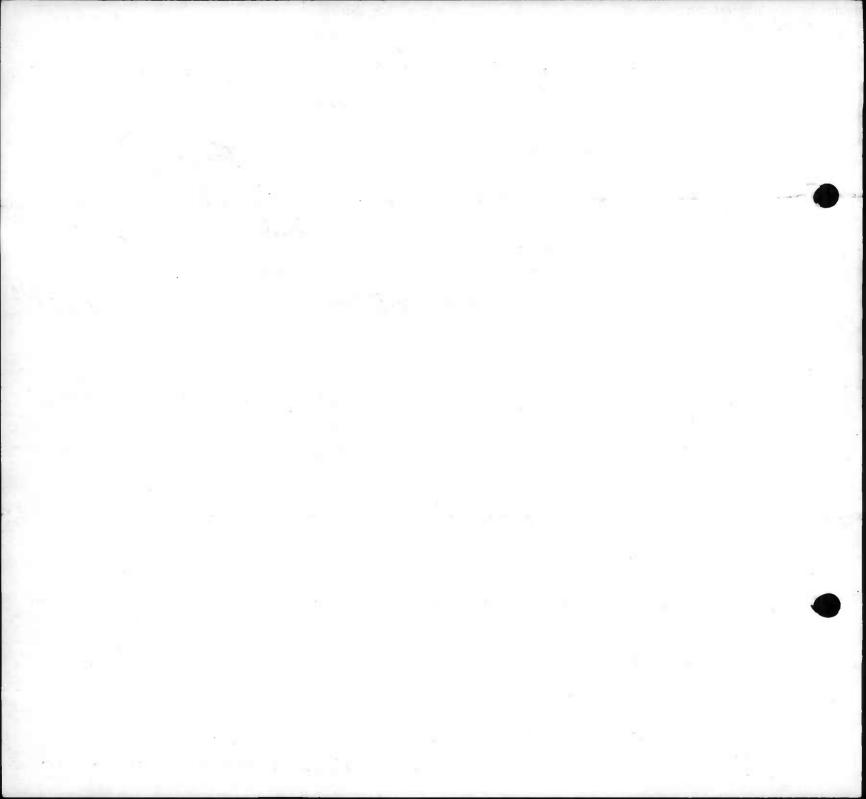
	68- 5	SOAO BALTIMORE CITY	HEALTH DEPARTMENT		
DIDTH NO	00	CERTIFICA	TE OF DEATH	REG. NO.	-3- 5348
BIRTH NO.	CEASED	1	2. DATE AN	D HOUR OF DEATH	
(Type or Print)	LANA TO	hNS	m	ay 21,1	968 8 PM
FULL NAME OF HOSPITAL OR INSTITUTION	IT NOT IN HOSHTAL OF ADDRESS OF LOCATION	AMENDED 5-29-68	C. CITY OR TOWN	Baltimoi	istitution: residence before odmission)
Sin	iai Hospit.	a of Baltimore	Baltimor	- 2	YES NO NO
42	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E. STREET AND NUMBER	Coldspri	ng Lane
5. SEX	11/1:40	ARRIED NEVER MARRIED DOWED DIVORCED	8/14/07	9. AGE (In years lost birthday)	Months Doys Hours Min.
	(working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	gn country)	U.S.A.
13. FATHER'S NA			14. MOTHER'S MAIDEN NAM	ME	
Harry (Crowley		Mary Wright	Lillie Ma	ude Wright
5. Was Deceased	d Ever in U. S. Armed Forces? n){(If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	infilit yes, give wor or doles or s	217-03-4332	Mrs. Thomas V.	Norman 892	Bayberry Dr. Arneld
18. / 9 7		CAUSE OF DEAT	1	TOLING, O/C	APPROXIMATE INTENTAL BETWEEN ONSET AND DEATH
OTHER SIGNIO TO THE DEAD	OR CONDITIONS, if ony, he obove couse (A) stoling CONDITION lost. II IFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS THE TER	(C)	US CYSTA DEN		m~ /wn.
19A. DATE O	PF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Ho	While At Not Whi		URY OCCUR?	
		ended the deceased from	1 / 1 /-	/	nion death occurred on the date
	r) lost sow the deceased ali and from the couses stated a	bove. (1) (We) (did) (did not)			
ond hour or 23A. SIGNAT	ure, my amen G, /c	bove. (1) (#6) (did) (did not)	ending Med. Director	Staff Phys. Id	23B, DATE SIGNED
and hour or	ure, my amen G, /c	hove. (1) (WE) (did) (did not). Apply M.D. Kropsky, M.D. DEGREE	ending Med. Si N Li H	Shaff	23B, DATE SIGNED
23A. SIGNAT	ond from the couses stoted of URE. Marien A. / ANS Type), a min A. / EMATION, 1248, DATE	bove. (1) (#6) (did) (did not)	ending Med. Director SiNCi H	Shaff Phys. In	23B, DATE SIGNED
ond hour or 23A. SIGNAT 23C. PHYSICI. NAME (24A. BURIAL CRI REMOVAL Burial	ure, manen a le ANS Type), EMATION, 248. DATE (Specify)	hove. (1) (WE) (did) (did not). Apply M.D. Kropsky, M.D. DEGREE	ending Med. Director D 23D. ADDRESS SiNCI EMATORY 24D. L0	Shaff Phys. In Phys. Tal of OCATION (C	23B. DATE SIGNED muy 21, 1968 Baltimore
			1 1 1 5		/

V.S. 153

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such except and the physician was in regular attendance on the deceased prior to death. Such except and the physician was in regular attendance on the deceased prior to death.

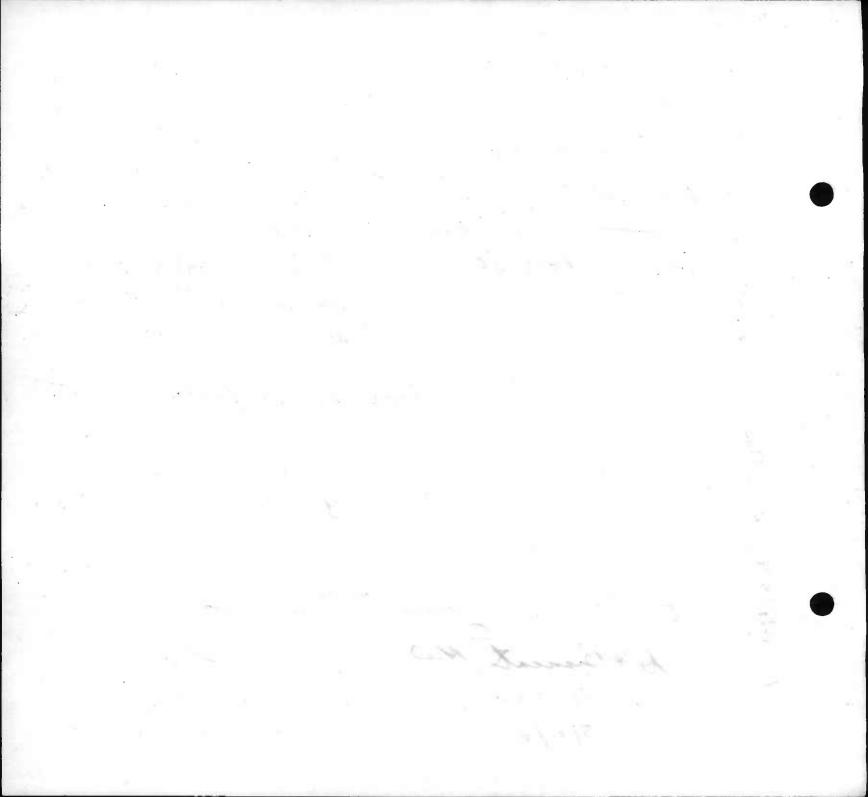
	DIDT	68 5	2/14	TE OF DEATH	REG. NO.	8 5349
	1. N.	AME OF DECEASED Se or Print) Septha /	n. Webb	2. DATE AN	DAV 2119	6 5 AM
	3. P	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e degeosed lived. If institution	on: residence before admission)
	HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	c. CITY OF TOWN	D. INSIDE CIT	тульмпа
	2	m //	1 1/2/	E. STREET AND NUMBER	The state of the s	2NO L
6		MERCY HOS	spiral.	612 5.	BAGRY	57
BDW SI	5. S	F W WIDOW	VED DIVORCED	3-20-05	lost birth 3	Inder 1 Yr. If Under 24 Hrs. ths Doys Hours Min.
поп	done	*USUAL OCCUPATION (Give kind of work 108, KINI of during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei		CITIZEN OF WHAT COUNTRY?
disposition	13. [JOHN FELTER.		CATHER'S MAIDEN NAM	Ne HAN	BN:
		Was Declased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 213-63-532	Mrs. F. Russ	ule 7030	Belcher Rd.
0		18. 199,0	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ea		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAU	SE TI INTRA AGE	o HEMOREANS	
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are		DISEASES OR CONDITIONS, if ony, gir	-	A CONSEQUENCE OF:	NOOULE	1:
		rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
the remains	ATION	199, 2 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN				
e tue	CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19 A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
Derore		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout fice bldg., INJURY OCCUR?	(If In Baltimore City,	, give exact tocation)
dined	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJ	URY OCCUR?	
opto		22. I certify that (I) (this haspital) attend	ed the deceased fram		19 65 to MAY	1968.
90	1	that (1) (we) last saw the deceased alive			at In(my) (aur) apinian a	death accurred an the date
must be		and haur and fram the causes stated abav	e. (I) (We) (did) (did nat) v	iew the bady after death.	23 B.	DATE SIGNED
		Lay cent la oucek	Atte	Med. Director	Shaff Phys.	78-15-
approvai		23C. PHYSICIAN'S NAME (Type)		MEDE HE OUR		
ddr	24A	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	METREY HESPIT		vn, or county) (State)
	7	Burnel 5-25-68	Mt. Carme	I.	md.	
Written	25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Hoffmann 3	218 Nuelson St
		150 051/ 1/1/40				



FUNERAL DIRECTOR: IMPORTANT

of death Deceased the Such 0 a hospital death. attendance cause canse; 0 occurred in prior contributing made. etermined regular deceased disposition is = Unde MOS the uo death or final attendance any pronounced med fracture of mbal regular 0 are 3 was in where the physician remains burns; (6) No physician the any nature; (2) Body before to the hospital obtained (except ; and (6) pe eath) hospital accident of the body was released must O 0 approval 0 prior to An D.O.A. eceased written M as

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MA 4. USUAL RESIDENCE (Where deceased lived.
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Il institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN NSIDE CITY LIMITS UNION MEMORIAL E. STREET AND NUMBER 9. AGE (In years II Under 1 Yr. Months: Doys S. SEX 6. RACE 8. DATE OF BIRTH If Under 24 Hrs. MARRIED NEVER MARRIED Hours Min lost birthdoy WIDOWED COUNTRY? IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) WEW BORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 7. INFORMAN ADDRESS 6. SOCIAL SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES OR DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. 776 X II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., NJURY OCCUR? IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify medical examiner) MEDIC. 21 D. TIME (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Yeor) OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from (8 ond that in (ny)) (our) opinion death occurred on the date that (1)/(we) lost saw the deceased alive an ond hour and fram the causes stated aboves (1) We) (did) (did nat) view the bady after deoth. 23A. SIGN ATURE 23 B. DATE SIGNED Attending [Med. Staff Phys. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION. DATE 24B. 24C. NAME OF CEMETERY OF CREMATOR REMOVAL (Specily) 25A. DATE REC'D BY HEALTH 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

0	FORA	BALTIMORE CITY HEALTH DEPARTMEN
8-	5351	CERTIFICATE OF DEAT

INORE CITTIESETTI DELAKTIMENT	- 1	10 mm	COm.
RTIFICATE OF DEATH	REG NO.	00-	5351

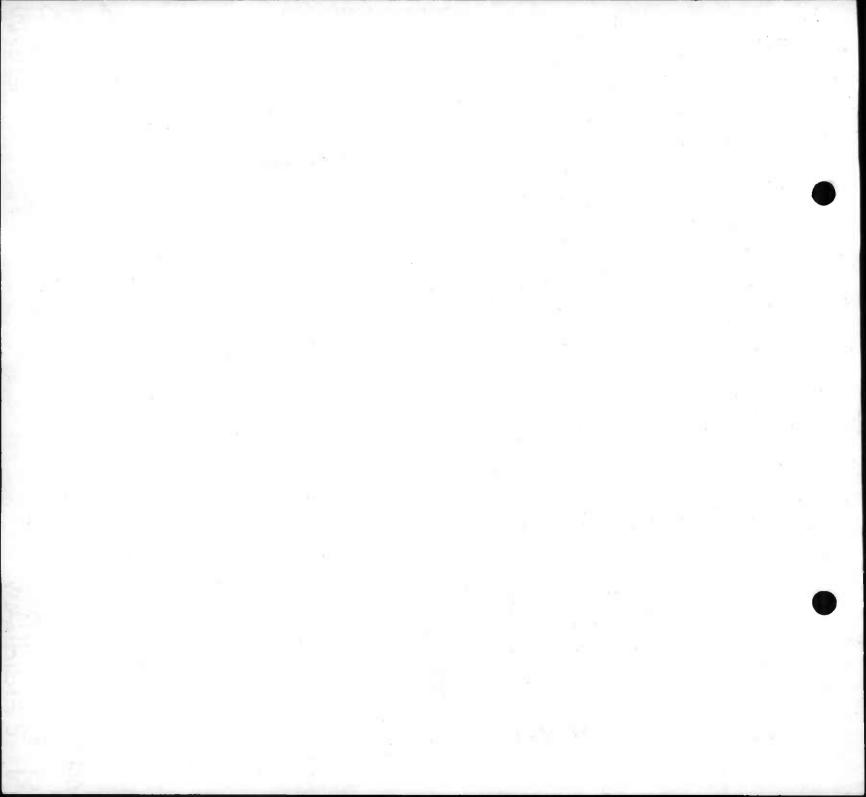
3. I	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF ADDRESS OR LOCATION) OSPITAL OR ADDRESS OR LOCATION	2. DATE AND HOUR OF DEATH 5 . 6 . 6 8 2 . 30 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE B. COUNTY MT. WILSON State Hospital CCITY OR TOWN D. INSIDE CITY LIMITS? YES NO
3	UNIVERSITY HOSPITEL	E. STREET AND NUMBER
5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED 7. DIVORCED	B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 1 Security 1 Securi
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ine during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
	- Table	- U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 1	, Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL	17. INFORMANT ADDRESS
	es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	IN ONIMAN
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ICATION	(This does not meen the mode of dying, e.g., heel foilure, osthenio, etc. II meens the discose, injury of camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) storing the UNDERLYING CONDITION last. (C) (C) (C) (C) (C) (C) (C) (C	A CONSEQUENCE OF:
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ICAL CERTIF	(B)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR?
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FUNERAL DIRECTOR: IMPORTANT

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		68	- 53	BALTIMORE CITY	HEALTH DEPARTMENT		00 5050 4
		8-08609	00,	CERTIFICA	TE OF DEATH		68- 5352 9
	AME OF DEC	DORSEY	BA	BY GIRL		1 12 168	10-15 am.
3. 1	PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	MARYL C. CITY OR TOWN	AND	DE CITY LIMITS?
1		ERAN HE	SPITT	rL of	BALTI	MORE	D NO
4		SLAND.		V	E. STREET AND NUMBER	gewood	8
S. 5	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	-	N	WIDOWED	= =	5/11/68	idsi siiniday)	21 45 nm
11		JPATION (Give kind of worl working file, even if retired)	108, KIND 0	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for BALT IN OR		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	ΛE		0	14. MOTHER'S MAIDEN N	AME	
		三 章 DA				Dorsey	/
		Ever in U. S. Armed For (If yes, give war or date		SECURITY NO.	17. INFORMANT	/	ADDRESS
	18. 77-	7 X I		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY		D	F P	
		at meon the made of	dying, e.g.	(A) IMMEDIATE CAU	SE TALMYS A CONSEQUENCE OF:	eturity	
	heort foilure,	osthenia, etc. It meons	the diseose		CONSEQUENCE OF.	•	10.00
		ANTECEDENT CAUSES		4.3			
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		obave couse (A) CONDITION last.	stoting the	(C)			
	776 X	II		(0)			
NO.	OTHER SIGNIF	ICANT CONDITIONS CO					
CATIO	DISEASE OR C	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	IT 1 (A).		TOO A ALLEGO DAYS /V	N. J. 208 AF MES MESS	SINDINGS CONSIDERS
CERTIFIC	IVA. DATE OF	OPERATION 198. CON	FORMED	WHICH OPERATION	20A. AUTOPST? (Tes of	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL	OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examiner	21 ho etc		n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Soltimos	re City, give exoct location)
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2	(APPROX.)		w	hile At Not Whit			
	22. I certify	that (1) (this haspita	l) attended	the deceased fram	5/11/68	19ta	5712 68 19
	that (I) (we)	last saw the decease	ed alive an	3/12/68	19and	that in(my) (aur) api	inlan death accurred an the date
	and haur and 23A. SIGNATU		ted abave.	(I) (We) (dld) (did nat) v	iew the bady after death	1.	23B, DATE SIGNED
	230. 310(14)	Sgno	bl.	Atte Phy:	nding Med. Director	Staff Phys.	5/12/68.
	23C. PHYSICIA NAME (T	N'S S. J. I	VOBLE		23D. ADDRESS Lutheran +	Lospoital, 7:	of MARYLAND
244	BURIAL CREA		24C. N	IAME of CEMETERY of CRI	MATORY 1 1 424D	COCATION 1 (C	ity, town, or county) (Stote)
	VEILIG AWE (3	5/17/	61		UNIVERS	ITY MEDIC	CAL SCHOOL
25A	. DATE REC'D	AY 23 1968		OF REGISTRAN	25G. FUNERAL DIRECT	RY SERVI	CE - BCHD
1	150 PEV 1/1/4						

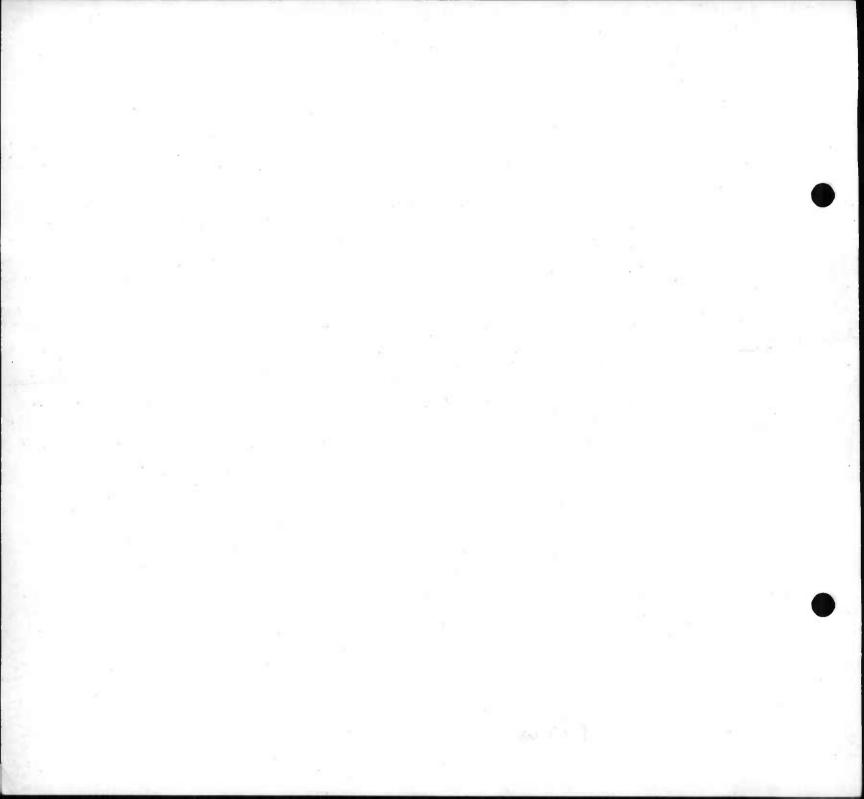


BALTIMORE CITY HEALTH DEPARTMENT

reg. no. 68-- 5353

	HINO. 68-0789/ OB JOJO CERTIFICA	ATE OF DEATH
	e or Print) ROBINSON BABY GIRL	5/2/68
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	MARYLAND C. CITY OR TOWN D. NSIDE CITY LIMITS?
IJ	LUTHERAN HOSPITAL	E. STREET AND NUMBER
/	EX 6. RACE 7. MADDIED NEVER MADDIED	7 B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. , If Under 24 H
S. SI	F COLUMN	S1/68 lost birthdoy) Months Doys Hours Min.
	during most of working life, even if retired)	BALTIMORE, MARYLAND USA.
13. F	EATHER'S NAME	KATHLEEN RObINBON
S. V Yes	Nos Deceosed Ever in U. S. Armed Forces? (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, osthenio, etc. II means the disease, injury ar complication which coused death.)	BETWEEN ONSET AND DEA
Z	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	PREMATURITY as a consequence of:
U	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g. OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.]	g., in or obout 21C. WHERE DID office bldg., INJURY OCCUR?
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Wo	
	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an 5/2/68 and hour and from the couses stated above. (I) (We) (did) (did not	19and that In(my) (aur) apinian death occurred on the d
	23A. SIGNATURE Somoble	Attending Med. Director Phys. 23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) S. J. NOBLE.	Luthran Hospital, 730 ack Luther Shout a ROARD OF MARYLAND
24A	Seminal CREMATION, 248. DATE 24C. NAME of CEMETERY or C	UNIVERSITY MEDICAL SCHOOL
2SA	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	DIORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68



					97.1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECT	This certificate must be approved by the chief medical exan	the body was released to the hospital by a medical exam	shows: (1) An accident of any nature; (2) Body burns; (3) A f	was D.O.A. at a hospital (except where the physician who	deceased prior to death); and (6) No physician was in rec	written approval must be obtained before the remains are

BALTIMORE CITY HEALTH DEPARTMENT 68- 5354 REG. NO. BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before
A. STATE 8. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION CHY OR TOWN INSIDE CITY LIMI E. STREET AND NUMBER If Under 24 Hrs. Hours Min. 9. AGE (In year 5. SEX 6. RACE 8. DATE OF SIRTH If Under 1 Yr. MARRIED 7 MEVER MARRIED Months Doys lost birthday 6 WIDOWED 10A, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS 17. INFORMANT 16. SOCIAL SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Soltimore City, give exact location) DEATH (notify medical examiner) etc.) $\bar{\Box}$ 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21 E, INJURY OCCURRED While At Not While p (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased fram 19 68 that (I) (we) last saw the deceased alive an and that in(my) (our) oplnian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Staff Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS eceased prior appro NAME (Type) 24A. BURIAL CREMATION, 248. DAT 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) decease 258. WAME OF REGISTRAR 250-FUNERAL DIRECTOR ADDRESS 25A, DATE REC'D BY HEALTH DEPT.

may make at

13/11/2

0-525

BIRTH NO.

68- 5355 BALTIMORE CITY HEALTH DEPARTMENT

00- 0000 preimore cit i levelli per Aktivietti		
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	68-	5355

1. NAM	E OF DECEASED				2. DATE	. Known	Month.	3 Day	17,1968	Hau6:00 AM
(Type or Print) Unknown					DEATH	Estimated []	,	1134,500	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Month	Doy	17,1968	MA 00:8
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				PRON	DUNCED DEAD		3	11,1700	6:00 AM	
HOSPITA OR INST		SS OR LOCATIO	(N)		5. USUAL	RESIDENCE (Who	ere decease	lived. If ins	titutian: residence b	elare admission)
35	Church Hor	me and H	lospita	l	A. STATE	yland		B. COU		
6. SEX	7. RACE	В.	MARRIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSI	DE CITY LIMITS?	
fema	le whi	ite v	VIDOWED [DIVORCED	Ba1	timore			YES X	по 🗆
9. DATE	OF BIRTH	last birthday) UNK	5 If Und	der 1 Yr. If Under 24 Hrs. is Doys : Hours : Min.	E. STREET	AND NUMBER		00	-00	
11. BIRT	HPLACE (State or foreig	n cauntry)		TIZEN OF HAT COUNTRY?		R'S NAME				
14A.USU	AL OCCUPATION (Give	e kind of work 14E	KIND OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN N	AME		-	
	ng most of warking life, ev									
	DECEASED EVER IN			17. SOCIAL SECURITY NO.	1B. INFO	MANT			ADDRESS	
19.	582	X		CAUSE OF DEA	TH					PROXIMATE INTERVAL
	DISEASE OR COND	ITION DIRECTI	Y	0		7 4 4				
	LEADING TO			(A)IMMEDIATE C		l injury				
	his does not mean the			DUE TO, OR		QUENCE OF:				
	eart failure, asthenia, etc jury or complication which									
	ANTECEDENT	CAUSES		(p)						
D	ISEASES OR CONDITION	ONS, IF ANY, G	SIVING	DUE TO, OR	AS A CONS	EQUENCE OF:				
11	ISE TO THE ABOVE CA		IG THE							
8				(C)						
F E	THER SIGNIFICANT CON	II	ITRIBUTING							
0 1	O THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO TH	ETERMINAL							
20 A				VHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes ar Na)
	3/13/1968			cerebral in						yes
	EXTERNAL CAUSE DERLYING A OR CON NG CAUSE OF DEA	TRIB-	22B. P hame,	form, factor street, alfic	in or abaut e bldg., etc.)	2025 CO	(If in Baltina)	re Str	eet	01
≥ 22D	. TIME (Manth) (C	ay) (Year)		E.INJURY OCCURRED	(5)	22F. HOW DID	NJURY O	CCUR?		
	PROX.) 3 13	1968	114/		WHILE O	supposedl	y fell	after	r consump	tion of
23.			PM m.lw		rea.	BTCOUOT				
	I certify that I h	eld on Inq	uiry 📙		topsy A	ond that on	this bost	s, deoth i	n my opinion	
1	resulted from N	loturol couse	s L AS	cident X Suicio	de 🔲 1	tomicide 🔲	Undeter	mined mor	nner 🔲	
	///	0000	1.	7 / -		CHIEF MEDICA	LEXAMINE	R		DATE SIGNED
	SIGNATURE /	MUS	ha /	M.D	AS:	SISTANT MEDICA	LEXAMINE	R		
	EXAMINER'S	Werne	r U. SI	Sitz, M.D.		OGIATE MEDICA	L EXAMINE	R	March	17,1968
	NAME (Type)					TIVATUR	II BU	JARD	OF MAR	PYLAND
	RIAL CREMATION, 2	AB. DATE	1 249	NAME of CEMETERY	or CREMA	7 7 5 7 6 15 5	D. LOCATIO	ON (Cit	y, town, or county)	*** 0 0 =
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5/10	/ lix			UNIVERS	MILE	MEDI	CAL SC	HOOL
25A. DA	ATE REC'D BY HEALTH		•	OF REGISTRAR	25C	FUNERAL DIREC	CTOR	2001	ADDRESS	CHD
	MAY 23	1968	blab.	E, starburg	0 0	MORTUA	KY	SERV	ICE - B	CHD
VS 151-F	REV. 1/1/6B	5/	X							

5/10/08

V.	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	pproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the sand (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.
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	hos Use (5) Iand
	use; tend
	ting d ca d ca prior
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	cont term reg ceas
	or Inde s in de
_	if d (4) L wa the spos
NA	di nd; nd; on
RT.	f the y ki
APC	his of fan ince end d or
≤	Alsonound att
FUNERAL DIRECTOR: IMPORTANT	actu pro ular
CT	A fr Who reg
JIR	ale les (3) (3) ian s in
7	dica urns ysic wa
ER	ay by phy cian
N	chi by a Bo the thysi
u_	the here
	d by ospiration of w (6)
	y ng y ng xcep ind (
7	app to the fan il (e n); a
	sed sed ont o
	cide hos to d
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceasedwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	Tific (1) A (1) A od p
	ws:
	This the sho was

			00	50	BALTIMORE CI	Y HEALTH	DEPARTMENT			20 -0-0
		1.0.	10016	3- 53	CERTIFIC	ATE OF	DEATH	REG. NO	0	68 5356 -
9	BIRT	H NO. 68	01210		OZIKI II TO			ID HOUR OF DI	EATH	
		AME OF DECE e or Print)			<u> </u>		Z. DATE AN	/ /		1 11:01 0
	3. PI	LACE IN BALT	MALTERS MARYLAND, W	HERE PRON	OUNCED DEAD		RESIDENCE (When	5/3/6	d. If institutio	n: residence before odmission)
			4	4.2 14	At my the set of	A. STATE		BALTO.	AITS	/
	HOS	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOCA	AL OR INST	TITUTION, GIVE STREET	c. CITY O			INSIDE CIT	
		UN OF	= MD	HOSP.			AND NUMBER		YES	NO
	3	8				13.		TAW 1	OLAOF	
	5. SE	EX	6. RACE	7. MARRIE	D NEVER MARRIED	B. DATE O	F BIRTH	9. AGE (In years	s If U	nder 1 Yr. If Under 24 Hrs. ths: Doys Hours Min,
1		F	C	WIDOWE		5/	2/68			1 12
1			IPATION (Give kind of worl vorking life, even if retired)	IOB. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHP	LACE (State or fore	ign country)	112.0	CITIZEN OF WHAT COUNTRY?
		INFA	17		_	mh	RY LAN .	D		USA
	13. F	ATHER'S NAM	A E			14. MOTH	ER'S MAIDEN NA	ME		
.		JAMES	H. WA	LIED	2.5	1	_OUVENI	A UV.	DD	
	15. V	Vos Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORA	ANT			ADDRESS
	(103,	NO	Wir yes, give wor or done	3 01 3017100	SECORITI NO.		HESPITAL	- 0	HART	
		1B, 🖘 🛷 1			CAUSE OF DEA		,, 0-4		7177 4.0	APPROXIMATE INTERVAL
		DISEAS	E OR CONDITION DI	RECTLY						BETWEEN ONSET AND DEATH
			LEADING TO DEATH		(A)IMMEDIATE C	ALISE	mmatur	RITY		LIFE
			ol meon the mode of		9++ DUE TO, OR A	S A CONSEQU	ENCE OF:			
			asthenia, etc. It means plication which coused		se,					
			ANTECEDENT CAUSES		(0)					
		DISEASES O	R CONDITIONS, if	any, givin	ng DUE TO, OR	AS A CONSEC	UENCE OF:			
		rise to the above couse (A) sloting the								
		UNDERLYING	CONDITION last.		(C)					
	z	2267	11	ALTDIDILITIAL	6					
	ΙĔΙ	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINA						
	CA	19A. DATE OF	OPERATION 198. CON		R WHICH OPERATION	20 A. AI	JTOPSY? (Yes of No	20B. IF YES, 1	WERE FINDIN	IGS CONSIDERED OF DEATH?
	ERTIFIC,		WAS PER	FORMED			F	IN CERTIFYIN	G CAUSES	OF DEATH?
	0	21 A. ACCIDEN	T WAS UNDERLYING]	21B. PLACE OF INJURY (e.g.	office bldg., I	1C. WHERE DID	(If in B	oltimore City,	give exoct location)
)	CA		medical examiner		etc.)					
3	I III I	OF INJURY	(Month) (Doy) (Year)		TE. INJURY OCCURRED		1F. HOW DID IN	IURY OCCUR?		
	11 > 1	(APPROX.)		_	While At Wark At Wa	rk 🗆				
		22. L certify	that (1) (this hospita	1) attended	d the deceased from		12	19 68 to		5/3 1968
	11 1	-	ast sow the deceas		_ _	19	68 and 11	not in (my) (au	r) opinian	death accurred an the dote
3	11 1				(1) (We) (did) (did nat) view the b	ady ofter death.			
	11 1	23A. SIGNATU		. 4					23 B.	DATE SIGNED
			hondon les	2011	///	ttending	Med.	Staff Phys.		5/3/68
3		23 C. PHYSICIA	M's	0-11	DEGREE	23D. ADDR		71175. 7—		-//
		NAME (T	ype)	11/	M. F.P	1/1	1 MEnns	MDER	n 4400	PRINDVIAND
7	0.11	DUDIAL CO	HLODORE		NAME of CEMETERY OF		ANALON	OCATION A	(City, tov	vn, or county) (Stote)
3	24A	REMOVAL		/ 240	HAME OF CEMETERS OF	CKEIVIATOKT	711111 CD	CITY A	CDIC.	I CCHOOL
			5/13	16%			UNIMER	ZILL W	EDICA	AL SCHOOL
	2SA	DATE REC'D	BY HEALTH DEPT.	2SB. NAM	E OF REGISTRAR	25C. F	WENT BREEK	6 prot	TAPAC	ADDRESS
		(6)	IAY 23 1968	Plober	8 25 Fallufia	100	2110114	וסוח שמ	LACU	1
	1/0	160 DEV/ 1/1/	4.0							

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68- 5357 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 5357

BIR	TH NO.												
1. NAME OF DECEASED (Type or Print)							2. DATE	Known X.	Manth	Day	Yea		
(IAb	ALBER	r	F.	at the s	·FO	NG	DEATH	Estimoted	Apri:	19,	1968	10	:30 A.
4. F	LACE IN BALT	IMORE, MAI	RYLAND, V	HERE PR	ONOUN	ICED DEAD	3. DATE		Month	Doy	Yeo	or Hour	
	L NAME OF				ITUTION,	GIVE STREET	PRONOUNCED DEAD April 9, 1968 10:30 A					:30 A.	
	SPITAL INSTITUTION	ADDRES	SS OR LOCA	IION)			5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)						1111
2	1						A. STATE B. COUNTY						
2	Church	1 Home	and Ho	spita	a1		Maryl						
6. SEX 7. RACE B. MARRIED NEVER MARRIED							C. CITY OR	TOWN	1), INSIDE	E CITY LIMIT	.5?	
	male	wh	ite	WIDOW	VED 🗌	DIVORCED	Balti	imore			YES X	NO 🗌	
9. [DATE OF BIRTH	1	10.AGE (1 Yr. If Under 24 Hrs		ND NUMBER			1211		
UNK (50) Months Doys Hours Min.									00	- 0	0		
11	BIRTHPL ACE (S	tota or foreig		(30	12. CITIZ	FN OF	UNK	NAME	0.0				
11.	DIKITII EACE (S	Total of Total	,			T COUNTRY?	TO. I THERE						
							11.5		10				
14A don	.USUAL OCCUI e during most of w	PATION (Give	kind of work en if retired)	14B. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NAM	ΝE				
		or ming mojor.	,										
	WAS DECEASE					SOCIAL	18. INFORM	ANT			ADDRESS	-	
(Ye	s, no or unknown)	(It yes, give w	or or dotes	of service)	SECURITY NO.							
-	19. // /	0 0	NA	2.7	0 0	CAUSE OF DE	ATH					APPROXIMATE	
	710	KI KU	Service C		17						5	BETWEEN ONSE	AND DEATH
		E OR COND		CTLY	- /	Hyperte	nsive Ca	rdiovasci	ilar Di	sease	1		
		LEADING TO DEATH LEADING TO DEATH Hypertensive Cardiovascular Disease (A)IMMEDIATE CAUSE											
		ot meon the osthenio, etc.				DUE TO, OR	AS A CONSEQU	UENCE OF:					
	heort foilure, osthenio, etc. It meons the disease, Injury or complication which coused deoth.)												
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							UENCE OF:					
z	UNDERLYIN	IG CONDITI	ON LAST.			(C)							
CERTIFICATION	11 4 3	X	11										
X		FICANT CON	IDITIONS C										
H	DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A)		Puln	onary Tu	uberculos	1S				
Z.	20A. DATE OF	OPERATION	1 20B. CO	NDITION	FOR WH	ICH OPERATION V	VAS PERFORM	ED			21. Al	UTOPSY? (Ye	s or No)
S	1											No	
1	22A. EXTER	NAL CAUSE	NAVAC		228 DI A	CE OF INJURY(e.g	in or about 2	C WHERE DID	(If in Rollimore	City give	e exact location		
MEDICAL	UNDERLYING				home, fo	rm, foctory, street, off	ice bldg., etc.) In	JURY OCCUR?	(II III DOIIIIIIOTO	City, give	CAUCI I DOUBLE	,	
8	UTING CA	_		1,2									
Σ	OF INJURY	(Month) (D	oy) (Yeo	r) (Hou		NJURY OCCURRED		2F. HOW DID IN	JURY OCCUR	.?			
	(APPROX.)				m. WHIL		WORK						
	23.	III. WORK											
	I cert	ify that I h	eld an	nquiry [lr	spection X A	utapsy	and that an t	his basis, d	eath In	my apinia	n	
	result	resulted fram: Natural causes Accident Suicide							Undetermine	ed mann	ег		
	10301	4)		micide	EXAMINED T				
	ACTUAL	1.	1.	1		2 47/	CHIEF MEDICAL EXAMINER L						
	SIGNATI		Su	7/1	-/	M.	ASSISTANT MEDICAL EXAMINER 5/10/68						160
	EXAMIN		Verner	II. S	nitz	M.D.	ASSO	CIATE MEDICAL	EXAMINER L			3/10/	00
	NAME (1	ype)		0. 5	-			ANATON	VRO	ARD	OF A	IARVI	AND
	A. BURIAL CRE		4B. DATE		24C.	NAME OF CEMETER	ar CREMATO	RY 240!	LOCATION !	- (Cff),	town," or cou	mfy) = " = (:	State)
KE	MOVAL (Speci	Υ/	5-11	-6	3		-	UNIVER	SITY I	MED	ICAI	SCHO	01
25	A. DATE REC'D	RV HEALTH	DEPT	3 - 6	JAME OF	REGISTRAR	25C F	UNERAL DIRECT	OR		ADDRESS	5	UL
23				0.0	A.	7 Z. O. 41	250.1	MODTIL	WAY .	CDV			D
		MAY 23	1200	Hick	ENTE !	- Marketing	Om	MAN INTERNA	INT 2	ERV	ICE -	BCH	U
VS 151-REV. 1/1/68							1 3	0 0 7					1

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68- 5358 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 5358

BIF	RTH NO.							0, 1, 1		REG. N	0	
	NAME OF DEC	EASED					2. DATE	Known D	Aller min.	th Doy	Ye	
(IV)	pe or Print)	EMILE	GOW		-		OF	Estimoted	□ 4	24	196	8 2:10 p _M
4.	PLACE IN BAL	IMORE, MA	RYLAND,"WI	HERE PRO	ONOUN	ICED DEAD	3. DATE		Mon	th Doy	Ye	or Hour
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITAL	OR INSTITUTION)	ITUTION,	GIVE STREET		DESIDENCE (Apr		1968	2:10 p M.
517 Catheral St.						A. STATE	Marylar		B. COUNT		Mark Belong Commission y	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED						C. CITY O	RTOWN		. INSIDE	CITY EMI	TS2	
Male White WIDOWED DIVORCED						Balt	٥.		11	YES X	NO 🗆	
9. DATE OF BIRTH 10. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours Min. Min. Months, Doys, Hours Min. Min.							Cathers		CATI	HED		
11.	BIRTHPL ACE (S	tote or loreig	n country)	i	VHA	ZEN OF AT COUNTRY?	13. FATHE	S NAME				
	.USUAL OCCU e during most of w			48. KIND	OF BUS	INESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN	NAME		_	
	WAS DECEASI				? 17.	SOCIAL SECURITY NO.	18. INFOR	MANT			ADDRESS	
	10	1 1 2		_		CALIFE OF DEA	TU					APPROXIMATE INTERVAL
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loilure, osthenio, etc. It meons the disease, injury or complication which coused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:										BETWEEN ONSET AND DEATH	
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TO THE DEA	ABOVE CANG CONDITI	ONS, IF ANY,	NTRIBUTI		(B)(C)	AS A CONS	EQUENCE OF:				
ERT	20A. DATE OF	OPERATION	1 208. CON	DITION F	FOR WH	ICH OPERATION W	AS PERFOR	MED			21. A	UTOPSY? (Yes or No)
ū	1											No
EDICAL	UNDERLYING		TRIB-	2	228. PLA home, fo	CE OF INJURY(e.g. m, loctory, street, olfi	, in or obout ce bldg., etc.)	22C. WHERE	DID (II in Bo UR?	oltimore City, give	exoct locoti	on)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURED 22F. HOW DID INJURY OCCUR?								OCCUR?				
	23.	(APPROX.) m. WORK AT WORK										
	I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my aplaian											
	result	resulted fram: Natural causes X Accident Suicide HamicIde Undetermined manner									er 🔛	
	ACTUAL SIGNATURE LASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER									177		DATE SIGNED
	EXAMIN NAME (D 11	NT		1 N. D.	ASS	OCIATE MEDI	CAL EXAMI	ES 45 . ES 43	44 TO 21/	. 1968 AND
24	A. BURIAL CREA		Ronald 48. DATE	N. Ko	ornb	Lum, M.D.	nr CREMAT	ORY	24D, LOCA		own, or co	
	MOVAL (Speci		5/16	161	1	TAINE OF CEMETER	G. CREMA	UNIVE	RSIT	Y MEDI	CAL	SCHOOL
25	A. DATE REC'D	BYHEALTH	3 1968	258. KV	AME OF	REGISTRAR	25C.	FUNERAL DI	RECTOR	RY SER	VICE	BCHD

1.5/e/

53- 5359 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68	5359
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BIF	TH NO.		MILD	ICAL	LAZ	WIII YER O	CLICITI	CAILOI	DLA	REG. N	10		
1.	NAME OF DEC			4'			2. DATE OF DEATH	Known Estimoted	Month	Doy	Yeor	Hour	м.
FUL	L NAME OF SPITAL INSTITUTION	TIMORE, MAI		L OR INST		GIVE STREET	3. DATE PRONOUNCED DEAD April 1, 1968 1:00 P.M. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)						
2013 Eutaw Place							A. STATE	land		B. COUN		e before odmis	sion)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED Married Divorced								imore		D. INSID	YES T	NO 🗆	
9. DATE OF BIRTH 10. AGE (In years lost birthday) Months; Doys; Hours; Min.								and NUMBER	00	-00	>		
11.	BIRTHPLACE (S	tote or foreign	country)	*	12. CITIZ WHA	EN OF	13. FATHER				They		
	USUAL OCCU			14B. KIND	OF BUS	INESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	AME				H
16. (Ye	WAS DECEAS , no or unknown)	ED EVER IN U	J.S. ARMED or or dotes	FORCES of service	7 17.	SOCIAL SECURITY NO.	18. INFOR	MANT	71		ADDRESS		
CERTIFICATION	(This does in heart foilure Injury or con In	E OR CONDIL EADING TO of meon the , osthenio, etc. nplicotion whic NTECEDENT OR CONDITIO E ABOVE CAL NG CONDITIO ATH BUT NOT	DEATH mode of dy If meons the h coused dec CAUSES DNS, IF ANY ISE (A) STA' ON LAST. II IDITION S CO	ing, e.g., disease, oth.) 7, GIVING TING THE	ING	(A) IMMEDIATE DUE TO, OI	MINES DUENCE OF: QUENCE OF:	OF	DEV	_	APPROXIMATE IN		
RTIF		CONDITION				ICH OPERATION	NAS PERFORMED					TOPSY? (Yes o	r No)
	2									Yes			
MEDICAL											e exoct locotion	n)	
	I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5/9/68 NAME (Type)												
RE	A. BURIAL CREAMOVAL (Speci	MATION, 2	S 64		8	AME of CEMETER	I	DRY 24E INIVERS	ITY N	(City,	ADDRESS	CHOOL	te)
		MAY 2				2, Farber		MORTUA	RY S	ERVI	CE -	BCHD	
	151-REV. 1/1/68	3		1 /	- 3	U (/	1 63	0.3	N. J.				

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ronn	BALTIMORE	CITY	HEALTH	DEPARTMENT
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68-5360

BIRTH NO.		3- 0000	CERTIFICA	TE OF DEAT	TE AND HOUR OF DEAT						
1. NAME OF D (Type or Print)				2. DA		1 2.15 1					
	Connie Mad		7	TA HIGHAN DESIDENCE	5-9-68	3.45 A. N					
3. PLACE IN B	ALTIMORE, MARYLAND, V	VHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (When deceased lived, If institution: residence before admission) A. STATE B. COUNTY							
FULL NAME C	F (IF NOT IN HOSPIT	AL OR INSTITUT	TON. GIVE STREET	Maryland		A CONTRACTOR					
HOSPITAL OR	ADDRESS OR LOC		non, orve street	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS					
INSTITUTION	Provident	Hoonite'	Tno	Paltimana		YES X NO					
39	Trovident	nospica.	i, inc.	Baltimore	BER						
				37 W. Pratt Street							
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.					
Male	White	WIDOWED	DIVORCED	9-8-05	last birthdoy)	Months Doys Hours Min.					
	CUPATION (Give kind of wor					12. CITIZEN OF WHAT COUNTRY					
	of working life, even if retired)				i totergi. coaimy,						
		3.5		Scotland		U.S.A.					
3. FATHER'S N	IAME			14. MOTHER'S MAIDER	NAME						
5. Wos Decens	sed Ever in U. S. Armed Fo	rces?	6. SOCIAL	17. INFORMANT		ADDRESS					
Yes, no or unkno	wn) (If yes, give wor or dot	es of service)	SECURITY NO.		oles Ded and						
			-2	Mrs. Guri	sks - Friend	2103 Eutaw Plac					
18.	2201		CAUSE OF DEAT	Ĥ .		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH					
OTHER SIG TO THE DISEASE OF	OR CONDITIONS, if the obove couse (A) NG CONDITION lost.	ONTRIBUTING THE TERMHAL RT 1 (A).	(c)	20A. AUTOPSY? (Yes		E FINDINGS CONSIDERED AUSES OF DEATH?					
OR CONTR	DENT WAS UNDERLYING [IBUTING [] CAUSE OF tify medical examined	21 B. P home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or about 21 C. WHERE Diffice bldg., INJURY OCC	OID (If in Boltim	ore City, give exoct location)					
U		(1)		215 110 11 21	D MILLION & COLLEGE						
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		D INJURY OCCUR?						
(APPROX.)		While									
22. I certify that (I) (this haspital) attended the deceased from May 8, 1968 to May 9, 1968 that (I) (we) lost sow the deceased alive on May 9, 1968 and that in (my) (our) opinion death accurred on the											
ond hour	ond from the couses sta	sted above. (I)	(We) (did) (did not)	view the body after de	eath.						
23A, SIGNA		-				23B. DATE SIGNED					
		Detrois !	AH	ending Med.	Staff Phys.	5-9-68					
		freeg	M.D DEGREE Phy		□ Phys. □)- 3-66					
23 C. PHYSIC	(Type) CARROON	40 te	NGCD	23D. ADDRESS 1514 Divis	ion Street	Balto Maryland					
24A. BURIAL C	REMATION, 248. DATE	24C. NA	ME of CEMETERY OF CE	EMATORY 2	4D. LOCATION	City, town, or county) (State)					
REMOVA	L (Specify) S(17	168		UNIVE	RSITY MED	ICAL SCHOOL					
25A. DATE REC	MAY 23 1968	258 NAME OF	REGISTRAR	25C. FUNERAL DIRI	ECTOR	ADDRESS					
	MMI 69 1308	Low 100	- Stalley of	5 JMOR	TWARY SER	VICE - BCHD					

VS 150-REV. 1/1/6B

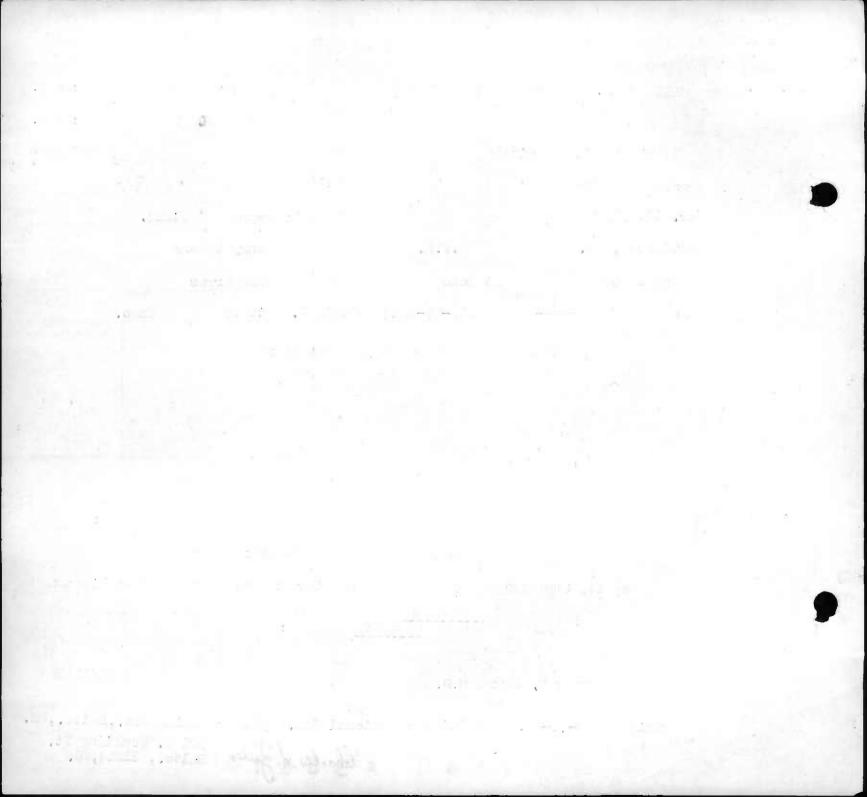
1 Jest 1/2

M-320 M-300

68- 5361 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	68-	5361
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BIRTH NO.	
1. NAME OF DECEASED	2. DATE Known X Month Day Year Haur
(Type or Print) MARY M. MATTHEWS (MATTHEW)	OF DEATH Estimoted May 20, 1968 3:20 Pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 20, 1968 3:20 P.M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
2/ - 1.1 01. 17 - 14-1-	A. STATE Maryland B. COUNTY
Baltimore City Hospitals	
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. NSIDE CITY LIMITS
female white whowed Divorced	Baltimore YES XX NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Mar. 11,1919 (lost birthdoy) Months Doys Hours Min.	3820 Fait Avenue # 21224.
Baltimore , Md. 12. CITIZEN OF WHALCOUNTRY?	13. FATHER'S NAME Henry Schenk
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired) House Work At Home	Anna Kraus
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 218-07-1514	Louis J. Matthew Same.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Overdose	e of Barbiturates
(A)IMMEDIATE C	
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W/	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
A COLOR DIA COLO	
✓ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., home, form, foctory, street, officent of the property of	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) e bldg., etc.) INJURY OCCUR? 3820 Fair Avenue
22D TIME (Month) (Day) (Year) (Hour) 22E INTITRY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) May 16, 1968 UNK m. WHILE AT MOT AT W	while I ingested an overdose of barbiturates
23.	topsy ond that on this basis, death in my opinion
resulted from: Notural couses Accident Suicia	
	CHIEF MEDICAL EXAMINER
SIGNATURE ALLENELY M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER(S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 5/21/68
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Burial 5-24-68. Baltimore Na	ational Cem. 5501 Frederick Ave., Balto., Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 901 S. ADD SALLING St.
MAY-23 1968 Roberts E. Farkerns	Charles of Suler Balto., 21224, Nd.
VC 151 PFV 1/1/40	11.7 7 7/1



VS 150-REV. 1/1/6B

68- 5363 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CEPTIFICATE OF DEATH	68- 5302
BIRTH NO.	REG. NO.	00 0000
1. NAME OF DECEASED (Type or Print) CLIFTON LINEBURG	2. DATE Known & Month Day OF DEATH Estimoted 5 1416	Yeor Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD May 19, 1968	Yeor Hour 3:15 P.
St. Agnes Hospital (DOA)	5. USUAL RESIDENCE (Where deceosed lived. If Institution: res A. STATE Maryland B. COUNTY	idence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
MARKIED Z INEVER MARKIED	Raltimore	-Y -
Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	4 NO L
12/11/20 lost birthd by Annths Doys Hours Min.	55 Montevedeo Court	lessup Mil
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	+
rennsylvania USA	Harry C. Lineburg	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) OWN ET Gas Station	Edith Williams	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDR	ESS
Yes, no or unknown) (If yes, give wor or dotes of service) YES WWII 217-01-0269	Spohia Line burg 55 Montes	cides Court
19. CAUSE OF DEA	THE SOPHICA HIME BURG 53 MONTE	APPROXIMATE INTERVAL
Transfer Arter	iosclerotic cardiovascularıdisea	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
P + 22.1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21	AUTOPSY? (Yes or No)
		Yes
UNDERLYING OR CONTRIB- home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exact lo e bldg., etc.) INJURY OCCUR?	cotion)
☐ UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT TO NOT	WHILE	
23. m. WORK AT W	YORK L	
	topsy 🖈 and that on this basis, death in my opin	nion
resulted from: Natural causes Accident Suicio	CHIEF MEDICAL EXAMINER	
ACTUAL ()	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE Charles C. Camina M.D.	D	20 1069
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER ME	y 20, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or	county) (Stote)
Burnell 5/23/68 Inuclon Park	hameten Batting Many	Samuel
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR	ESS
MAY 23 1968 Of Chert E. Farlageman	Ambure Joe 1328 Sulphi	w So. Rel.
/S 151-REV. 1/1/68	- Jugar	7

Pur reguler of grant size ver

25B. NAME OF REGISTRAR

REG. NO._

uneral Home, Inc. ms Lane

Schimunek Fund 3331 Brehms 68- 5364

ype or Print)				2. DATE A		
TUCKER, Paul Eugene					5-19-68	1:40 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Who		institution: residence before admission
	HE NOT IN HOSPIT	AL OR INICITI	JTION, GIVE STREET	Maryland	^	- C-
OSPITAL OR				C. CITY OR TOWN	Ja u	FIDE CITY LIMITED
NSHITUTION Veterans Administration Hospital 3900 Loch Raven Blvd		Baltimore	9	YES NO		
/			1014	E. STREET AND NUMBER		
В	altimore, Mar	yland 2	1218	美华美女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女	40	l Yale Ave. 2122
SEX	6. RACE	7. ALADRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H
Male	White	WIDOWED	separated	2-23-08	lost birthday)	Months Doys Hours Min.
				11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNT
	working life, even if retired)			Forest Hill	,	
Salesman	1	Unemp	loyed	Maryland		U.S.A.
FATHER'S NA				14. MOTHER'S MAIDEN NA	ME	
Eugene T	ucker			Lillian Ely		
	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17 INFORMANT		ADDRESS
es no or unknown	5-7-45 to 9-	es of service)	219-04-4566		Records	
169	3-1-43 60 3-	4-47	217-04-4700	VAH., 3900 Loc	h Raven, Ba	ltimore, Md. 21218
18.250	. 9		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
	SE OR CONDITION DI	RECTLY				
4	LEADING TO DEATH		(ANIMMEDIATE CAL	SE Chronic ren	al failure	6 months
	nal mean the made of		DUE TO, OR AS	A CONSEQUENCE OF:		
	, asfhenia, etc. II means mplication which caused					
	ANTECEDENT CAUSES		Prolo			0
						Vears
DICEACEC			(B) FYCTO	nephritis		2 years
	OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise fa fh		any, giving	DUE TO, OR AS	nephritis a consequence of: es Mellitis		llı years
rise fa fh UNDERLYIN	OR CONDITIONS, if ne abave cause (A) G CONDITION last.	any, giving	(c) Diabet	a consequence of: es Mellitis		
rise for the	OR CONDITIONS, if ne abave cause (A) G CONDITION last.	any, giving stating the	(c) Diabet	A CONSEQUENCE OF:	t disease	
rise for the	OR CONDITIONS, if the abave cause (A) G CONDITION last.	any, giving stating the	(c) Diabet	a consequence of: es Mellitis	t disease	
rise fa fh UNDERLYIN 260 X OTHER SIGNI TO THE DEA	OR CONDITIONS, if ne abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONTRACTOR CONDITION GIVEN IN PART FOPERATION 198. CONDITION	any, giving stating the INTRIBUTING HE TERMINAL RT 1 (A).	(c) Diabet	a consequence of: es Mellitis	lo) 20B. IF YES. WER	lli years
rise fa fh UNDERLYIN 260 X OTHER SIGNI TO THE DEA	OR CONDITIONS, if ne abave cause (A) G CONDITION last.	any, giving stating the INTRIBUTING HE TERMINAL RT 1 (A).	(c) Diabet	a consequence of: es Mellitis osclerbtic hear	lo) 20B. IF YES. WER	llı years
other signition of the Dead of	OR CONDITIONS, if the abave cause (A) G CONDITION last. I I I I I I I I I I I I I I I I I I I	any, giving stating the partial state of the	Arteric WHICH OPERATION PLACE OF INJURY (e.g.,	a CONSEQUENCE OF: es Mellitis oscleratic hear 20A. AUTOPSY? (Yes or N NO	20B. IF YES, WER	lli years
orise for the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR OTHER OR CONTRIB OR CONTRIB DEATH (notif	OR CONDITIONS, if the abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONTINUE CONDITION GIVEN IN PART FOPERATION 198. CONTINUE	any, giving stating the partial state of the	Arteric WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	a CONSEQUENCE OF: es Mellitis osclerbtic hear	20B. IF YES, WER	Ili years LE FINDINGS CONSIDERED CAUSES OF DEATH?
other Signi TO THE DEA DISEASE OF CO 179A-DATE O 21A. ACCIDE OR CONTRIB	OR CONDITIONS, if ne abave cause (A) G CONDITION last. II IFICANT CONDITIONS CO INTH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UNTING CAUSE OF IT medical examiner	any, giving stating the STATES TO ST	Arteric WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	20B, IF YES, WER IN CERTIFYING C	Ili years LE FINDINGS CONSIDERED CAUSES OF DEATH?
other Signi TO THE DEA DISEASE OF CO 179A-DATE O 21A. ACCIDE OR CONTRIB	OR CONDITIONS, if the abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONTINUE CONDITION GIVEN IN PAR F OPERATION 19B. CONWAS PER ENT WAS UNDERLYING CAUSE OF	any, giving slaling the Stationary of the Statio	Arteric Arteric WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, o	a CONSEQUENCE OF: es Mellitis osclerbtic hear 20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID ffice bldg,, INJURY OCCUR?	20B, IF YES, WER IN CERTIFYING C	Ili years LE FINDINGS CONSIDERED CAUSES OF DEATH?
of the significant of the signif	OR CONDITIONS, if ne abave cause (A) G CONDITION last. II IFICANT CONDITIONS CO INTH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PER ENT WAS UNDERLYING UNTING CAUSE OF IT medical examiner	any, giving slaling the Stationary of the Statio	Arteric Arteric WHICH OPERATION PLACE OF INJURY (e.g., in, form, foctory, street, on) INJURY OCCURRED INJURY OCCURRED Not While	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	20B, IF YES, WER IN CERTIFYING C	Ili years LE FINDINGS CONSIDERED CAUSES OF DEATH?
or contribution of injury (APPROX.)	OR CONDITIONS, if the abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONTINUE CONDITION GIVEN IN PART F OPERATION 19B. CONWAS PER ENT WAS UNDERLYING LITTING CAUSE OF Tymedicol exominer)	any, giving slaling the statement of the terminal time of the terminal t	DUE TO, OR AS (C) Diabet Arteric WHICH OPERATION PLACE OF INJURY (e.g., indeed, or of the content of the co	20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltin	Ili years RE FINDINGS CONSIDERED CAUSES OF DEATH?
or inise for the UNDERLYIN OTHER SIGNI TO THE DEAL DISEASE OR CONTRIB DEATH (notif DEATH (notif COF INJURY (APPROX.) 22. 1 certify	OR CONDITIONS, if the abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONTINUES CONDITION GIVEN IN PAR F OPERATION 198 CONWAS PER ENT WAS UNDERLYING CAUSE OF Ty medical examinet) (Month) (Doy) (Year) y that 11 (this hospital)	any, giving sloling the stoling the extended the terminal and slottened the stolen sto	WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, on the control of the contro	20A. AUTOPSY? (Yes of N NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	JURY OCCUR?	Ili years RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location)
or itse for the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR OF 19A. DATE OF 19A. D	OR CONDITIONS, if the abave cause (A) G CONDITION last. II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER ENT WAS UNDERLYING CAUSE OF Ty medical examiner) (Month) (Doy) (Year) by that IL) (this haspital a) lost saw the decease	any, giving slating the statement of the	DUE TO, OR AS (C) Diabet Arteric WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, one) INJURY OCCURRED It At Work he deceosed from 5-19	a CONSEQUENCE OF: es Mellitis cocleratic hear 20A. AUTOPSY? (Yes or N NO in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 5-14-68 19 68 ond t	JURY OCCUR?	Ili years RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location)
or isse fa the UNDERLYIN OTHER SIGNI TO THE DEAL DISEASE OR CONTRIB CONTRIBUTE OR CONTRIBUTE 21.D. TIME OF INJURY (APPROX.) 22. I certify that (we and hour or	OR CONDITIONS, if the abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONTINUED TO THE CONDITION OF	any, giving slating the statement of the	DUE TO, OR AS (C) Diabet Arteric WHICH OPERATION PLACE OF INJURY (e.g., ine, form, foctory, street, one) INJURY OCCURRED It At Work he deceosed from 5-19	20A. AUTOPSY? (Yes of N NO in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	JURY OCCUR?	Ili years EFINDINGS CONSIDERED CAUSES OF DEATH? There City, give exact location) 5-19-19-19-68 Epinion deoth occurred on the december 19-68.
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25A. DATE REC'D BY HEALTH DEPT.

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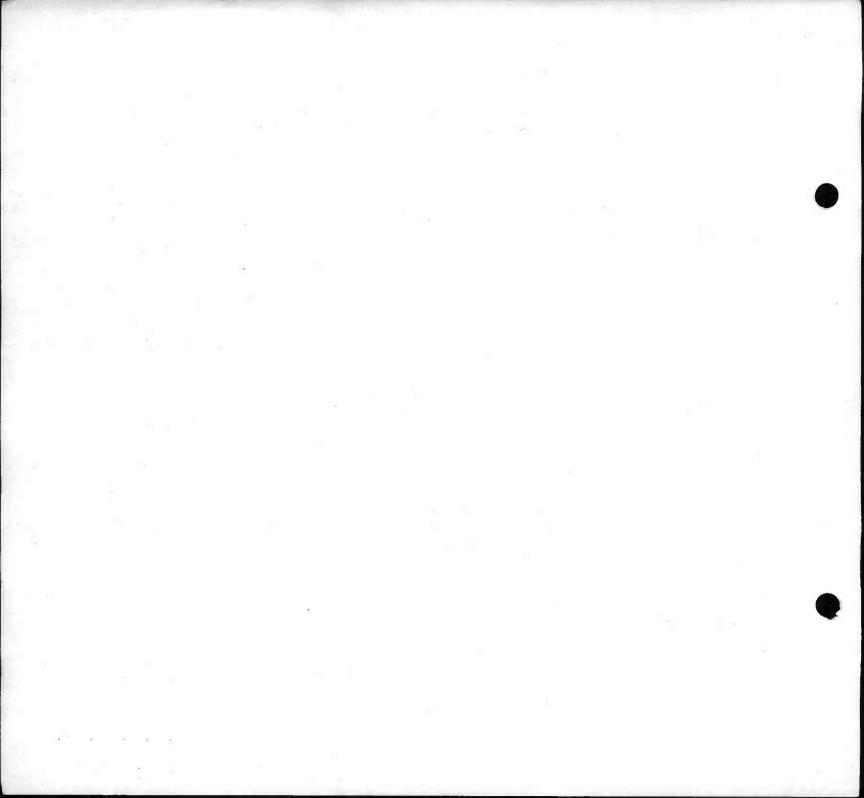
No

68- 5200 -	Y HEALTH DEPARTMENT
BIRTH NO. 68 5366 CERTIFICA	ATE OF DEATH
1, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
JOHN A. HUGHES	12. 5-20-68 4:25 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND CONTEG 53-00
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
CHURCH HOME & HOSP.	BALTIMORE YES NO
35 BALT. MD. 21231	
	22 SHIPWAY (22)
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours; Min.
MALE WHITE WIDOWED DIVORCED	11-20-98 69
IDA. USUAL OCCUPATION (Give kind af work 10 B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)/ 12. CITIZEN OF WHAT COUNTRY?
SHIPY ARD WELDER	MARY LAND AMERICAN
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SOHN HUGHES SR.	11 40 CARET CAN DENCHUR
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANTA
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	12 Tourshin
7ES W W + 212-03-72	99 TENESA PISHER IT TOURNEY
162,1	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USE BRONCLES GENE ?
(This does not mean the mode of dying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE OF:
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	CAKCIFO MA (E) in
ANTECEDENT CAUSES	The state of the s
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS THE SECOND TO THE S	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. (B)	
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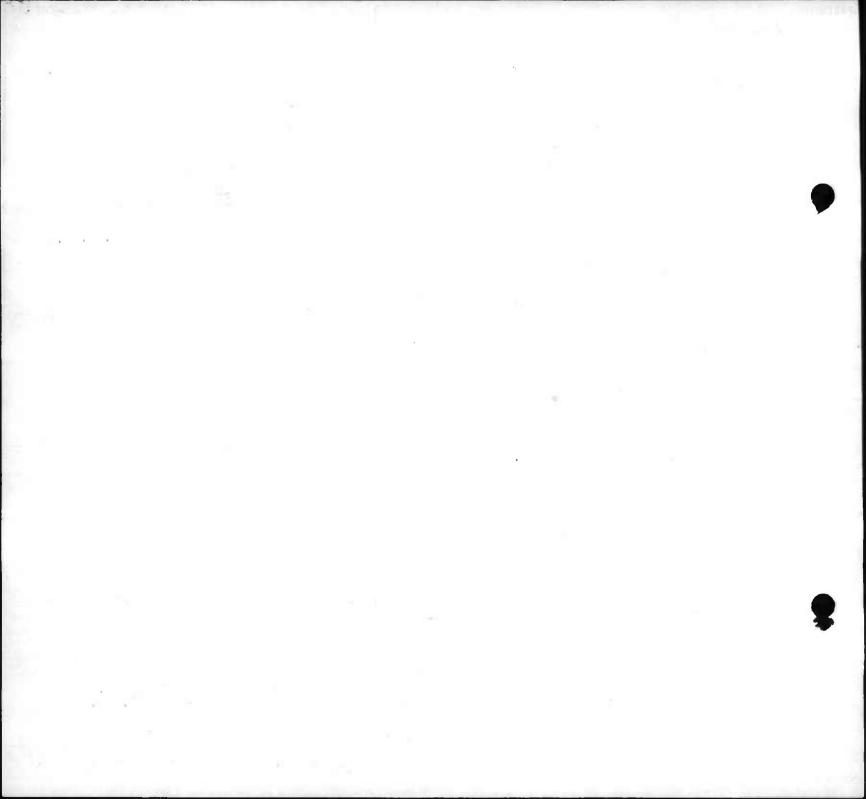
68	5367 BALTIMORE CITY	Y HEALTH DEPARTMENT	10	68- 5367
DIKITI NO.	CERTIFICA	TE OF DEATH	Registered Na	00- 0007
M.E. CASE NO, 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type of Print) EDWARD V.	BAKER	MAY	19,1968	12:35 6
3. PLACE OF DEATH IN BALTIMORE, MARYLAT	10	4. USUAL RESIDENCE (WHere A. STATE B. COUNT	deceased lived. If insti	itution: residence before odmissi
FULL NAME OF (If not in hospital or ins	titution, give street	MARYLAN	1 Balta	6 53-0
HOSPITAL OR oddiess or location)	MEMORIAL HOSAT	C. CITY OR TOWN (II outs	ide city limits, write RU	IRAL ond give township)
	FRET Ste	N/I / I O	uol, give location)	
77 7324 - 18	lass (- 10	6600 R	1 malp-1	Davis
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years	II Under 1 Yt., II Under 24 I
MADLE CONCRETOR D	IDOWED, DIVORCED (specify)	6-6-93	ost birthdoy)	Months Doys Hours Min
IGA. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working file, even if retired)	ENG. BALTO, CO.	MANULMAIN		USA
3. FATHER'S NAME	. NO. DACIO, CO	14. MOTHER'S MAIDEN NAM	E	V 3/1
TAILANDE DELE		C 1 10 0 0 5	1)110-0-	
5, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		TUNDERS	ADDRESS
Yes, no or unknown) (II yes, give wor or dotes of	SECURITY NO.	Mrs. BELLE T. K	2	6609 RAMNOCH
WAK HOWN IVU	LIBIL LYIC	AMPS, DELLE L.	AKER WIFE	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	v CAUSE C	I Non .	0 1 . 1	ONSET AND DEATH
LEADING TO DEATH	· (8	cute Myocar	dial interc	Trou
(This does not mean the made of dyin heart failure, asthenia, etc. It means the	g, e.g.,			
injury or complication which caused death	1.)	Diabetes		
ANTECEDENT CAUSES	(B))10. WE IES		
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stati	at 1			1) - Voi
UNDERLYING CONDITION lost.	ng the (C)			1000
_ 260 X II				
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE FIR	NDINGS CONSIDERED
WAS PERFORM	ED 1 = 10 = 11 1	e YES	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID		City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	home, foim, foctory, street, etc.)	since bidg., INJURT OCCUR!		
D 21D. TIME (Month) (Doy) (Yeor) (Ho		21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi			
22. I certify that ((this haspital) atta			68 to M 4	4 17, 1962
that R (we) lost sow the deceased ali				on death accurred an the
ond haur ond fram the causes stoted a			Till(any) (out) optill	on death decorred an ine t
23A. SIGNATURE	sove: He (me) (did) (did)	view the body after death.	- 1	23B. DATE SIGNED
11/200: Home			hys.	m - 15 /s-
23C. PHYSICIAN'S	ees proces	23D. ADDRESS	117 5	1100
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CE	REMATORY 24D. LO	CATION (City,	, town, or county) (Stote
REMOVAL (Specily)	1	Ř	2	2. MI
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	250 FUNERAL DIRECTOR	ALTO. C	ADDRESS
MAY 9 2 1068 A	0 88 Fall	50 23/6 V	left F	Balto 287/1
VS 150-REV. 1/1/65	Charles All Control of the Control o	10		

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5	-11	-
2	n a hospital and l cause of death use; (5) Deceased	r to death. Such
	if death occurred i ect or contributing 4) Undetermined ca	was in regular at the deceased prio sposition is made.
: IMPORTANI	r. Also, if the dir ure of any kind; (onounced death r attendance on almed or final di
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be appro the body was released to the shows: (1) An accident of any	was D.O.A. at a hospital (exc deceased prior to death); an written approval must be obt

	CO -	BALTIMORE CITY	HEALTH DEPARTMENT		60 5200
	68- 5	359 CEPTIFICA	TE OF DEATH	REG. NO	68- 5369
BIRTH NO		CERTITICA			
	OF DECEASED		2. DATE A	ND HOUR OF DEATH	н
(Type or P	Schepers, Mary		M	ay 21, 1968	9:00 a. M.
3. PLACE	IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admission)
				NII	
FULL NA.	ME OF (IF NOT IN HOSPITAL OR II OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	1	
Prevident Hespital, Inc				SIDE CITY LIMITS?	
		Baltimor	0	YES X NO L	
5/	1514 Division Str		E. STREET AND NUMBER		111 1
	Baltimore, Maryla	nd	Bolton H	ill Nursing	Home /4-0/
5. SEX	6. RACE 7- MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months! Doys Hours Min.
Fel	male White WIDO	WED DIVORCED		lost birthdoyl	Win.
	L OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY
	g most of working life, even if retired)				
IJ	nempleyed		Beltimore Ma	rvland	U. S. A.
	R'S NAME	-	Baltimore. Ma:	ME	
			Margaret	Baline	
h	/illiam Hinkle		9	5017110	
S. Wos D	eceased Ever in U. S. Armed Forces? unknown) (If yes, give war or dotes of ser	1 6. SOCIAL VICE SECURITY NO.	17. INFORMANT		ADDRESS
			hospita1	records	
1B		CAUSE OF DEAT		1 000. 40	APPROXIMATE INTERVAL
10.	176.0	CAUSE OF BEAT			BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		- 1 trace	l Deat	
	LEADING TO DEATH	(A) IMMEDIATE CAL	ise Natura	1 DECIV	
	does not meon the mode of dying, foilure, asthenia, etc. It meons the dis		A CONSEQUENCE OF:		
	or complication which coused death.)				
	ANTECEDENT CAUSES				
		(B)	A CONSEQUENCE OF:		
,	ASES OR CONDITIONS, it any, g to the above cause (A) stoling		A CONSEQUENCE OF:		
	ERLYING CONDITION last.	(c)			
-	2 / · / II				
ZOTHE	95.4 II	ING			
E TO TH	HE DEATH BUT NOT RELATED TO THE TERM				
V DISEA	SE OR CONDITION GIVEN IN PART 1 (A). DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	120A AUTORSY2 (Yes of N	O 20R IF YES WED	E FINDINGS CONSIDERED
E 174.	WAS PERFORMED)	2071. 40 10731: 1703 01 11	IN CERTIFYING C	AUSES OF DEATH?
19 A. D			1 1010 11110		
OP C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
DEAT	H (notify medical examined	etc.)			
O 21 D. T	TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF IN		While At Not While			
(APPR	(OX.)	Work At Work	" L		
22 1	certify that (1) (this hospital) atten	ded the deceased from E	15 60	10 to	5_21_6819
thot	(1) (we) lost saw the deceased alive	on 5-21-68	ond t	hot in (my) (our) o	pinion deoth occurred on the date
and I	hour and from the couses stated abo	ve. (1) (We) (did) (did not) v	view the body ofter deoth.	•	
23A. S	SIGNATURE OF THE				23B, DATE SIGNED
	Clesman	Ath	ending Med.	Staff Phys.	5-21-68
220 8	HYSICIANE	OE GREE Phy	23D. ADDRESS	rnys.	7-22-00
	HYSICIAN'S NAME (Type)	ANF	Prov:	ident Hespi	tal, Inc.
	DI KININ	11 \ &	1514 Division	Street -	Balti. Md.
24A. BURI	IAL CREMATION, 248, DATE 2	4C. NAME of CEMETERY of CR			City, town, or county) (State)
REM	OVAL (Specify)				
bu	rial	Holy Redeemer		Baltimore	City, Md.
25A. DAT		AME OF REGISTRAR	25C. FUNTRAL DIRECTO	R In	7802 HAZTOZI Rd
	MAY 23 1968 W. J.	. P E Stallware	Chas 70 F VA	INS & SON 8	802 HAZTORI Kd
40 5 75 5	1200	4, 4,	0111/4. 1 . 12/1/	707	
VS 150-RE	EV. 1/1/6B				



00 =	BALTIMORE CITY	HEALTH DEPARTMENT		68 5370
68- 5	370 CERTIFICA	TE OF DEATH	REG. NO	00 0070
BIRTH NO.	CERTITIOA	TE OF DEATH		
1, NAME OF DECEASED (Type or Print)	O1	2. DATE AND	HOUR OF DEATH	
MRS. RACHEL D.		MAY	19,1968	P_{\bullet}
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUNT	deceased lived, if institu Y	ution; residence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	D INSIDE	CITY LIMITS?
004 11 0		BALTIMORE	/ CX	ES NO
921 N. CALVERT ST.		E. STREET AND NUMBER		
00			ALVERT ST.	
S. SEX 6. RACE 7. MARR	RIED NEVER MARRIED		AGE (In years I	l Under 1 Yr. II Under 24 Ho Aanths: Days Hours Min.
TEMALE WHITE WIDOV	VED DIVORCED	MARCH 7/81	87 YRS.	
10A, USUAL OCCUPATION (Give kind of work 10B, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		2. CITIZEN OF WHAT COUNT
dane during most of working life, even if retired)	D			
	BALTO. HOTEL			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
HENRY DELAU		JULIE T.	Cossir	
5. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (III yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			0.07	7.4 37 6
	215-01-4390AI	RS. SIMONE FI	RITSCH 283	I N. CALVERT
18.412.3 4 250.9	CAUSE OF DEATH			BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY			1. 11	4
LEADING TO DEATH	(A) IMMEDIATE CAU	SE arteriosder	dec Hear	DISCASE
(This daes not mean the made of dying,	e.g., DUE TO, OR AS	CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dise	ase,			
ANTECEDENT CAUSES	CIENTED.	SIJED APTO	010-015100	
ANTECEDENT CAUSES	(B) SEIVERA	ALIZED ARTE	RIUSCLERUSI	5
DISEASES OR CONDITIONS, if any, gi	vill 9	A CONSEQUENCE OF:		
rise to the obave cause (A) stating UNDERLYING CONDITION lost.	(C)			
153.0	(-/			
Z 420.00 II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	DIAB!	ETES MELLI	TUS	
d DISEASE OR CONDITION GIVEN IN PART 1 (A).				
198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	or about 21C. WHERE DID	(If in Boltimore C	lity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	ince bidg., INJORT OCCOR:		
0				
OF INTITOY	21E, INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
(APPROX.)	While At Not While Work			
			111 1007	SPER IN
22. I certify that (I) (this heapited) attend	ed the deceased fram	gune 1	967 to OCT	013810 1967
that (1) (we) last sow the deceased olive	on OCTOBER 6	19.6.7and tha	t in (my) (our) opinio	in deoth occurred on the d
the state of the same and the s		and the second second		
ond hour and from the couses stoted obav	e. (I) (we) (ara) (did nat) v	lew the body offer deofh.	T-	
23A. SIGNATURE				B. DATE SIGNED
melits m. 1.	ones (ma) graner Phys	Med. Director	Staff Phys.	MAY 21, 1968
23 C. PHYSICIAN'S	UEGREE	23D. ADDRESS	1	
NAME (Type)	Di - 4 - 4 - D			4115a1115
MELITO M. T	ORRES, M. D.	741 5. 6	FLLWOOD	AUCIVUE
	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	tawn, or caunty) (State)
REMOVAL (Specily)				
BURIAL 5/22/68	CATHEDRAL		BALTIMORE,	MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
MMI # 9 1200 (15 65	JOE GOLDENA	H.W. MEARS	& SON 805	N. CALVERT S

H.W. MEARS

805

SON

N. CALVERT

VS 150-REV. 1/1/68

Conference County of March 2 to 1 THE WALL STREET, SHE WAS TO SHEET, melte m. Tom, mi MILLITO AN THREES, M. D. 447 S. ETLLOCKO ...

2SA. DATE REC'D BY HEALTH DEPT.

VS 1S0-REV. 1/1/6B

a hospital and

		BALTIMORE CITY	HEALTH DEPARTME	NT	00 5004
BIR	68- 537 1	CERTIFICA	TE OF DEAT	TH REG. NO	68- 5371
	NAME OF DECEASED Pe of Print) FREDERICK J. Le BON		2. DA	TE AND HOUR OF DEAT	9:15 PM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE A. STATE	E (Where deceased lived. If COUNTY	institution residence before admission)
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION DESPITAL OR ADDRESS OR LOCATION)	N, GIVE STREET	Maryland	1	
IN:	STITUTION	XII	Baltimore		YES (NO)
3	Bon Secours Hospital		547 South	Monroe Str	eet
5. 9	SEX 6. RACE 7. MARRIED X N	NEVER MARRIED DIVORCED	Feb 29,19	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUS			2	12. CITIZEN OF WHAT COUNTRY
	e during most of working life, even if retired)	g materia	Maryla	nd	USA
***	FATHER'S NAME	9 00, 10	14. MOTHER'S MAIDE		
	George Le Bon		Mary Sne	lling	
S.		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		18-18-308	Ruth Le	Bon,547 So.	Monroe St.
	(This daes not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(B)	A CONSEQUENCE OF: CAVE See A CONSEQUENCE OF:	Lungs dige Tan	Gronal 2 mos
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CH OPERATION	20 A. AUTOPSY? (Yes	s or No) 20B, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING 21 B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY le.g., in orm, foctory, street, of	n or obout 21C. WHERE fice bldg., INJURY OCC	DID (If in Boltim	nore City, give exoct location)
MEDIO	21D.TIME (Month) (Doy) (Yeor) IHour) 21E, INJ OF INJURY (A PPROX.) While A Work	t Not While		ID INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the d	/21/68			pinian death occurred on the date
	and hour and from the couses stoted above. (Y) (W) 23A. SIGNATURE J. MUMESES 23C. PHYSICIAN'S NAME (Type) 5. MUMESES		nding Med.	☐ Stoff ☐	23B. DATE SIGNED 5/22/68
		DEGREE	888 U	1. Lone ba	RA
24/	REMOVAL ISpecify)	of CEMETERY of CRE			(City, town, or county) (State)
-	Burial 5/25/68 New	Cathedral	Cemetery	Baltimore,	Maryland

25B. NAME OF REGISTRAR

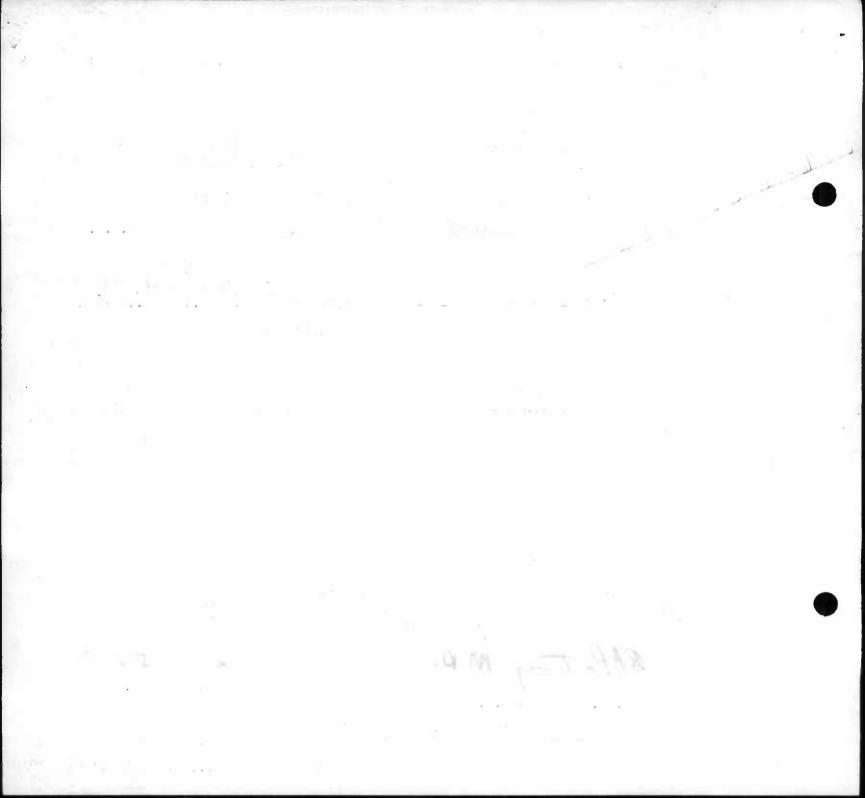
2sc. FUNERAL DIRECTOR ADDRESS

Waljers Funeral Home Pratt&Stricker Sts.

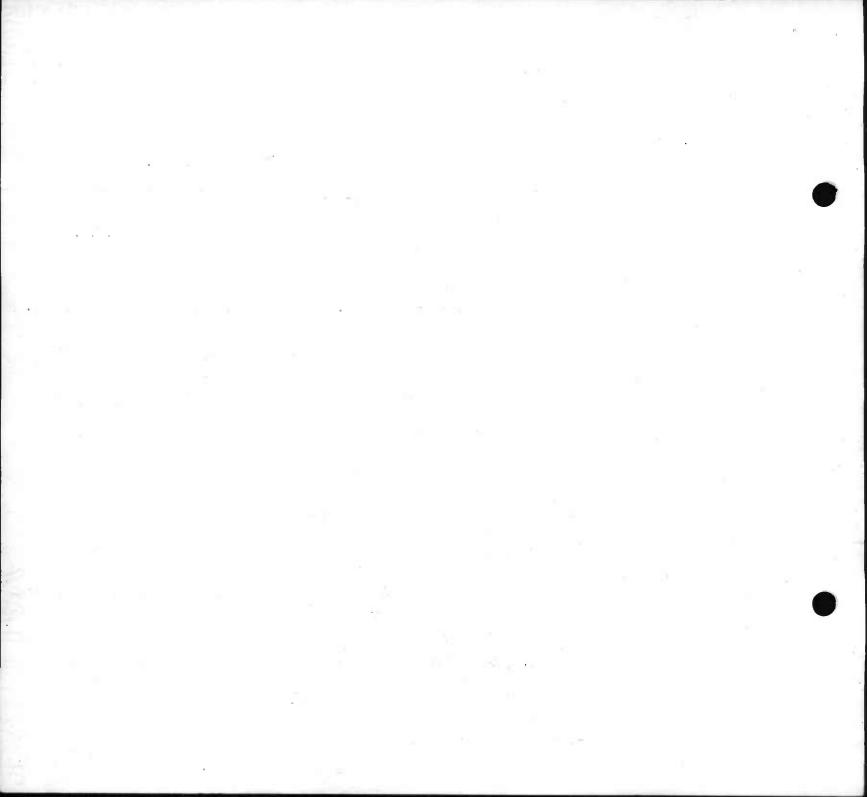
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-LIII GO FORD BALLIMORE CITY HEALTH DEPARTMENT	m nino
68- 53/2 CERTIFICATE OF DEATH REG. NO. U.S.	5372
I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
May 20, 1968	9:35 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: resided A. STATE 8. COUNTY	ence before admission)
HOSPITAL OR INSTITUTION, GIVE STREET MATYLAND C. CITY OR TOWN	5?
Veterans Administration Hospital	NO 🗌
3900 Loch Aven Boulevard	#21213
Baltimore, Maryland 21218 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 local birthday) Monthsi De	Yr. , If Under 24 Hrs.
Male White WIDOWED DIVORCED 7/15/194 94 73	OF WHAT COUNTRY?
done during most of working life, even if refired) INSURANCE Baltimore, Maryland U.S.	
13. FATHER'S NAME	
Abzham Silver Hannah ?	
(Yes, no or unknown) (If yes, give wor or dojes of service) SECURITY NO.	#21202
Yes 9/28/17 4/17/18 217-03-6988 CAUSE OF DEATH	PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Chronia Obstructive	WEEN ONSET AND DEATH
LEADING TO DEATH (A) MMMEDIATE CAUSE Pulmonary Disease	2 years
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease,	
injuly or complication which coused deeth.) ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving (8)	
rise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C)	
z 5 27. 2 II	11.64
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISASE OR CONDITION GIVEN IN PART 1 (A).	
	NSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEA	ATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g., in on about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?	xoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Work Not While	
22. I certify that () (this hospital) attended the deceased from April 4th 1968 to May 20th	19 68 ,
that Al/(we) lost sow the deceased alive on May 20th 19 68 and that in (m// (our) opinion death of	
that My (we) lost sow the deceased alive on May 20th 19 68 and that in (my) (our) opinion death on the hour and from the causes stated above. (f) (We) (dld) (fight) view the body after death. 23A. SIGNATURE 10 23B. DATE S	
that My (we) lost sow the deceased alive on May 20th 19 68 and that in (n/y) (our) opinion death and hour and from the causes stated above. (1) (We) (dld) (fight) view the body after death.	
that My (we) lost sow the deceased alive on May 20th 19 68 and that in (n/y) (our) opinion death of ond hour and from the couses stated above. (f) (We) (did) (fight) view the body after death. 23A. SIGNATURE BHOTLES DEGREE Phys. 23B. DATE S Phys. 23C. PHYSICIAN'S 23D. ADDRESS	
that M/(we) lost sow the deceased alive on May 20th 19 68 and that in (n/y) (our) opinion death of an ond hour and from the couses stated above. (f) (We) (did) (fight) view the body after death. 23A. SIGNATURE B. A. PORTNEY, M.D. DEGREE May 20th 19 68 and that in (n/y) (our) opinion death of the couses stated above. (g) (We) (did) (fight) view the body after death. Attending Med. Director Staff Phys. 23D. ADDRESS 3900 Loch Raven Boulevard Baltimore Maryland 212	18
that M (we) lost sow the deceased alive on May 20th 19 68 and that in (n/y) (our) opinion death of ond hour and from the causes stated above. (f) (We) (dld) (fight) view the body after death. 23A. SIGNATURE Attending Med. Director Phys. 23D. ADDRESS 3900 Loch Raven Boulevard B. A. PORTNEY, M.D. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or company)	18
that N (we) lost sow the deceased alive on May 20th 19 68 and that in (n/y) (our) opinion death of an ond hour and from the couses stated above. (N) (We) (dld) (fighth) view the body offer death. 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 3900 Loch Raven Boulevard Bouleva	18 (Stote)
that N (we) lost sow the deceased alive on May 20th 19 68 and that in (n/y) (our) opinion death of an ond hour and from the couses stated above. (N) (We) (dld) (fighth) view the body offer death. 23A. SIGNATURE 23A. SIGNATURE 23B. DATE S 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 3900 Loch Raven Boulevard Beat OHR KNESSETH ISRAEL 24D. Location (Gity, town, or company)	18 (Stote)



che che che	BIRTH NO. 68- 5373 CERTIFICA			
an eat ase th th	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
of d of d Dece e on	NELSON KASSEL 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A. STATE B. COUNTY		
a hosi cause se; (5) endanc to dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN		
in atte	SINAI HOSPITAL	BALTIMORE E. STREET AND NUMBER		
ed ar	5. SEX 6. RACE 7. MADDIED VI NEVED MADDIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.		
occurr intribu rmine egula ased is mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	tost birthday) Months Doys Hours Min.		
or condete	done during most of working life, even if retired) PROPRIETOR GROCERY	RUSSIA U.S.A.		
de de as	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
direct direct dy (4) U th was on the disposi	LATB KASSEL 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	BESSIE ?		
ind ind eat	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	THE SAME AND ADDRESS OF THE SA		
Find A A D Fin		MRS. NAOMI KASSEL, 3014 ROMARIC COURT, APT. H		
s as if any ced ced or	TIB. 410.9 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
G 0 + E 0 D	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DO TE INACADA AL		
Tage Ag	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CAU	SE PICUTE AGOCARDIAL / br		
oro bal	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1 NHTTICCTION		
3 E 0 3 E	ANTECEDENT CAUSES ACCOUNT	and the Hann Octoria Incir		
am A fr ho ho e e	(B) // YUV	A CONSEQUENCE OF:		
exd 3) A 3) A	rise to the above cause (A) stating the			
s ins	UNDERLYING CONDITION last. (C)			
edice burns hysic n wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
B D D D D D D D D D D D D D D D D D D D		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED		
by a 2) Bod ce the physic ore th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?		
E = 0 5 - 4	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, off etc.)	n or obout 21 C. WHERE DID (If in Baltimore City, give exoct location) injury OCCUR?		
9 9 7 7 9	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
1. (P 4 5 6	OF INJURY (APPROX.) While At Work At Work	· 🗆 📗		
he I he I ny n and and	22. I certify that (1) (this haspital) attended the deceased from	1/4 1955 to 5/20 1968.		
# + E P	that (I) (we) last saw the deceased alive an	7/2		
of of of all (h);		19 60 and that in (my) (aur) apinian death accurred an the date		
it be a ised to ent of ent of spital death)	and haur and from the causes stated above (1) (We) (did) (did nat) v			
de d	23A. SIGNATURE	nding ISP Med. Staff		
must eleas ccide a hos to de	DEGREE Phys	Director Phys. Director Direct		
0 - 0 - >	NAME (Type)	23D. ADDRESS		
was r was r An a A. at a prior	LEON KASSEL DEGREE	3501 ST. PAUL STREET		
op of	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D, LOCATION (City, town, or county) (State)		
This certificat the body was shows: (1) An was D.O.A. at deceased pric	BURIAL 5-22-68 SHAAREI ZION	25C. FUNERAL DIRECTOR MARYLAND ADDRESS		
This ce the boo shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
ませるまする	MAY 23 1968 R. R. B. & Stalley 100) \$01 LEVINSON BROS., 6010 REISTERSTOWN ROAD		
	VS 150-REV. 1/1/6B			



IMPORTANT FUNERAL DIRECTOR:

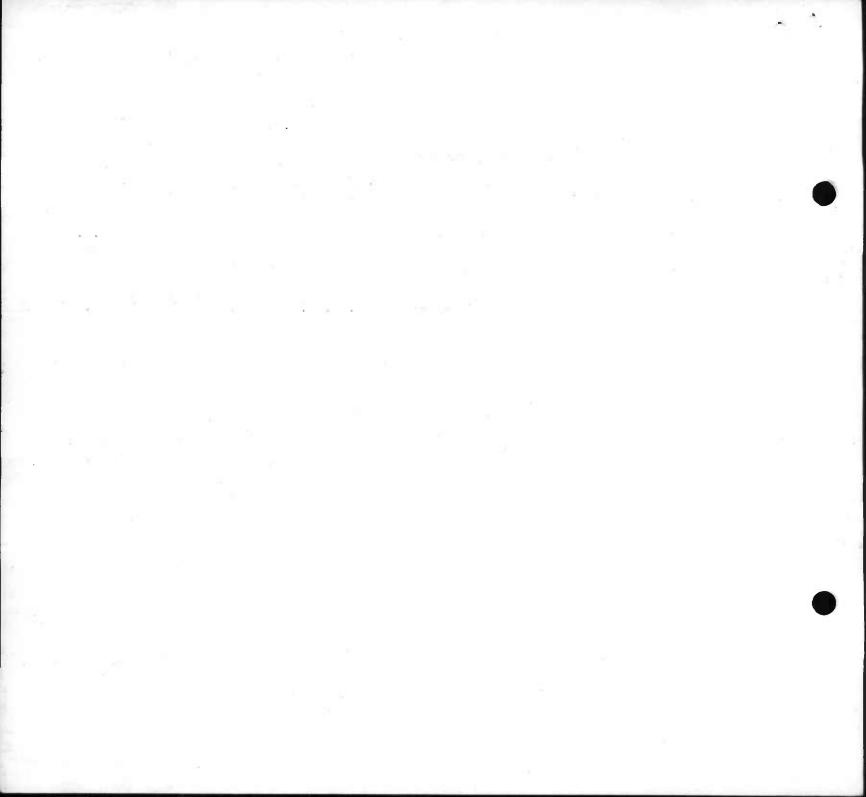
CERTIFICATE OF DEATH Registered Na. BIRTH NO. rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH LO (Type or Print) 2 3. PLACE OF DEATH IN BALTIMORE MARYLAND eath. A. STATE attendance B. COUNTY A R FULL NAME OF (If not in hospital or institution, give street AN ō HOSPITAL OR oddress or location) C. CITY OR TOWN INSTITUTION 0 TINIO prior D. STREET ADDRESS rurol, give location) regular made 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ceased WIDOWED, DIVORCED (specily) lost birthdoy) B. OWED OF BUSINESS OR INDUSTRY 10A, USUAL OCCUPATION (Give kind of work 10B, KIND 11. BIRTHPLACE (State or loreign country) disposition done during most of working life, even if retired) = de RUSSTA AT HOME Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME assistant if **ESTHER** WEINER death 00 15, Was Deceased Ever in U. S. Armed Forces 16. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates at service) SECURITY NO. ance NO any CAUSE OF DEATH pronounced 1B. 0 attend his A So, DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. II means the disease, the chief medical examiner 10 injury or camplication which caused death.) regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving 3 the above cause (A) stoling the physician UNDERLYING CONDITION last. the remains Was burns; H20,0 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION the 0 WAS PERFORMED before 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, alfice bldg., INJURY OCCUR? where the body was released to the hospital å DEATH (notily medical examiner etc.) any nature; **b**⁄ MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except Not While While At (APPROX.) At Work pup Work 22, I certify that (1) (this hospital) attended the deceased death); that (i) (we) last sow the deceased olive on of hospital and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must An accident 23A. SIGNANUR certificate must Attending Phys. M.D. Med. Stoff 10 Director Phys. approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior at NAME (Type) M.D 4 shows: (1) 24A, BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION eceased D.0. REMOVAL (Specily) written BNAT REUBEN ROSEDALE. 5-22-68 Was HEALTH DEPT. 25C. FUNERAL DIRECTOR T

USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) (If outside city limits, write RUKAL II Under 1 Yr. Months: Doys II Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exoct location) ond that in (my) (aur) apinion death occurred on the date 238, DATE SIGNED town, or county. ADDRESS SOL LEVINSON & BROS. 6010 REISTERSTOWN VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

X = . Secret That Town Aprile some serve to us - 115 15 Hours France of the one

5 ===		HEALTH DEPARTMENT		68- 5375						
5-530 68- 5375	CERTIFICA	TE OF DEATH	REG. NO.	00 0010						
I, NAME OF DECEASED		2. DATE ANI	HOUR OF DEATH	. /						
JENNIE SMITH	ICED DEAD	May o		titution: residence before ada						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ACED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	Y							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	TON, GIVE STREET	C. CITY OR TOWN	D. INSIC	DE CITY LIMITS?						
DALL MALL NUDSTAIG HOME		BALTIMORE E. STREET AND NUMBER	CSA /	WES NO _						
PALL MALL NURSING HOME 1	ood	4003 FORDLE1	GH ROAD	#21215						
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years ost birthdoy)	If Under 1 Yr. If Under Months Doys Hours						
FEMALE WHITE WIDOWED		4-21-1889	79							
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT CO						
RETIRED SEAMS?	TRESS	LITHUANIA		U.S.A						
3. FATHER'S NAME	I KCSS	14. MOTHER'S MAIDEN NAM	1E	- U. D.						
FITAC COUNTOT		THIE	(A)(A)(A)							
ELIAS SCHMIDT 5. Wos Deceased Ever in U. S. Armed Forces?	6. SOCIAL	UNKA	IOWN	ADDRESS						
Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.									
NO 2	215-01-8804A		3707 VILLA	NOVA RD. #21						
18. 1 6 2 1 I	CAUSE OF DEAT	H		APPROXIMATE INT						
DISEASE OR CONDITION DIRECTLY		1 . 0	-							
LEADING TO DEATH		Brusons le	c c							
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	DUE TO, OR AS	A CONSEQUENCE OF:								
injury ar camplication which caused deoth.)		he too to hi								
ANTECEDENT CAUSES	(B)	'	, cecun							
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:										
rise to the obove cause (A) stoling the UNDERLYING CONDITION last. (C) A thrivelierum										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED						
19A. DATE OF OPERATION 198. CONDITION FOR W			IN CERTIFYING CAL	ISES OF DEATH?						
U 21 A. ACCIDENT WAS UNDERLYING ☐ 21 B. F	LACE OF INJURY (e.g., form, foctory, street, o	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)						
0	NJURY OCCURRED	21F. HOW DID INJU	INV OCCIIN?							
S OF INJURY	At Mot Whi		oki occok:							
(APPROX.) Work				3						
22. I certify that (I) (this hospital) attended the	deceased from	726 28 1	9 68 to 1116	7/2/						
that (I) (we) lost sow the deceased alive on	1/1 ay/ 2	0 1968 and the	ot in (my) (our) oplr	nion deoth occurred on t						
and hour and from the causes stated above. (1)	(We) (did not)									
23A. SIGNATURE	(****) (****) (****)			23B. DATE SIGNED						
WWW. Neer	DEGREE Ath	rs. Director L	Staff Phys.	May 21,19						
23 C. PHYSICIAN'S NAME (Type) NATHAN NEEDLE		6506 PARK HEIG	HTS AVENUE							
	OEGREE ME of CEMETERY OF CR			ly, town, or county) (
REMOVAL (Specify) OHR I	KNESSETH ISRA	NEL ANSHE								
BURIAL 5-22-68		SFARU ROS	SEDALE, MARY	LAND						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	PRAC (A1A	ADDRESS						
MAY 23 1968 102 Per 5	E MIDWELLE	SOL LEVINSON 28	DKUS., DUIU	REISTERSTOWN						
VS 150-REV. 1/1/6B										



Sucho

death.

0

prior

BIRTH NO.

I. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

MALE

23C. PHYSICIAN'S NAME (Type)

5. SEX

3. PLACE IN BALTIMORE, MARYL

Cham

THE JOHNS

6. RACE

attendance on the

	HEALTH DEPARTMENT
68 5376 CERTIFICA	TE OF DEATH REG. NO. 58-5376
D	2. DATE AND HOUR OF DEATH
hambers, Herbert	5/19/68 3:40 a.m.
PRE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE 8. COUNTY
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND BALTIMORE CITY
ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
JOHNS HOPKINS HOSPOTAL	BALTIMORE YEAR NO
OUTING THE THE	E. STREET AND NUMBER
V	297 - Ballow Cet.
ACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours: Min.
WHITE WIDOWED DIVORCED TH	10-99990 78
ION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY or the event refined)	11. 8IRTHP DACE (State or foreign country) 12. CITIZEN, OF WHAT COUNTRY?
and the state of t	14. MOTHER'S MAIDEN NAME
ton Chambers	May Elizabeth Brown
	17. INFORMANT
ves, give wor or dotes of service) SECURITY NO. 1918-19 218-07-7252	MURILE Chambers Ballow Ct.
CAUSE OF DEATH	APPROXIMATE INTERVAL
R CONDITION DIRECTLY DING TO DEATH	Myocardial Infarction 3 days
nean the made of dying, e.g., enia, etc. If means the discose,	CONSEQUENCE OF:

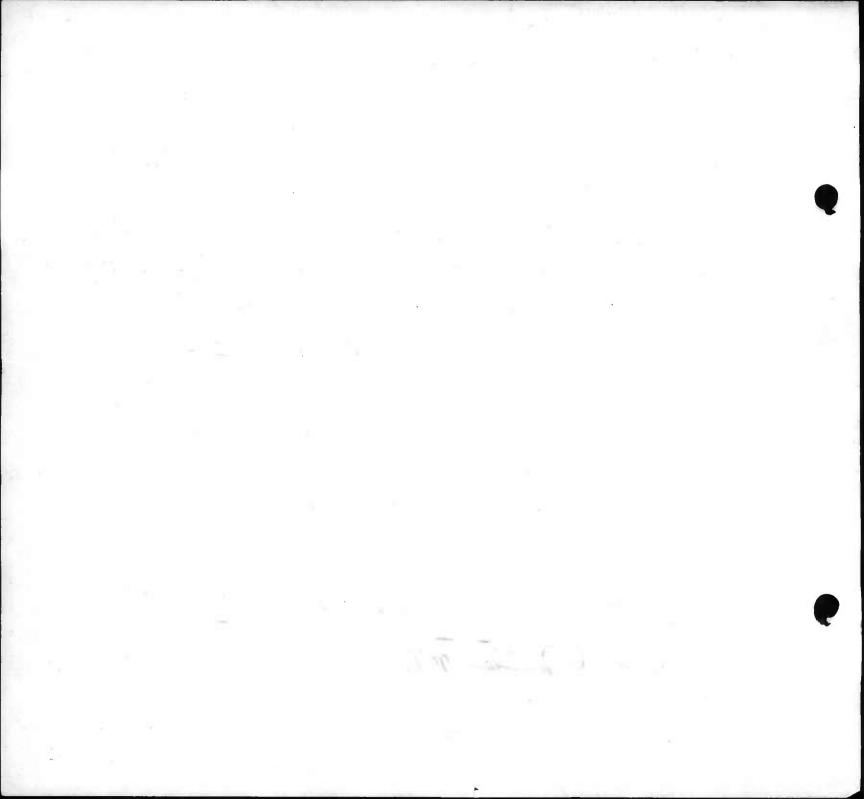
IIOA	e duping most of working title, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPHACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
don	e during most of working hie, even it retired)	the state of the s							
12	FATHER'S NAME	stapped resolution a, 2, el							
13.	TATHER'S NAME OF A	14. MOTHER'S MAIDEN NAME							
	Kewton Cha	Mess Maye Pleasanth Brus							
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	16. SOCIAL SECURITY NO. 17. INFORMANT							
1	1-1. 1.41 7 1010-16	218-07-7252 Minth 11							
7	18 000-2 1711-17 F	CAUSE OF DEATH							
/	410.9	BETWEEN ONSET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAUSE Myocardial Infarction 3 days							
	(This does not mean the made of dying,	e.g., DUE TO, OR AS A CONSEQUENCE OF:							
	heart failure, asthenia, etc. It means the disc injury ar complication which caused death.)	ose,							
	ANTECEDENT CAUSES	(4)							
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:								
	rise to the abave couse (A) stating	the							
	UNDERLYING CONDITION Iosi.	(c)							
_	420.1								
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
4	DISEASE OR CONDITION GIVEN IN PART 1 (A).								
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
Ç	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 & PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, steet, office bldg., INJURY OCCUR?							
CAL	DEATH (notify medical examiner)	etc.)							
ED	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
\$	(APPROX.)	While At Not While At Work							
	22. I certify that (I) (this haspital) attend	-1.0							
	that (1) (we) last saw the deceased alive	an							
	and haur and fram the causes stated above	e. (1) (We) (did) (did nat) view the bady after death.							
	23A. SIGNATURE	23B. DATE SIGNED							
	Ludley Com	Lew M. D. Attending Med. Staff 5/19/68							
	and buyerdians	DEGREE							

THE D. DUDLE: GOULDEN 24A. BURIAL CREMATION, REMOVAL (Specify) 24C, NAME of CEMETERY OF CREMATORY 248. DATE Com 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

JOHNS

HOPKINS HOSPITAL

23D. ADDRESS



C-150

68- 5377 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
MILDICAL	EVIZIALII AFILO	CENTILICATE	OI DEATH.

6	8	N/WA	5	3	7	1

BIE	RTH NO.								KEG. NO)			
	NAME OF DEC	EASED				2. DATE	Known K	Month	Doy	Yeor	Hour		
(Type or Print) LOUIS C. COFFIN, JR.						DEATH	Estimoted					м.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE		Month	Doy	Yeor	Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						PRONOL	INCED DEAD	May	19, 1	1968	11:55	P	
HOSPITAL ADDRESS OR LOCATION). OR INSTITUTION				5. USUAL RI	SIDENCE (Where					sion)			
					IIA. STATE	aryland		B. COUNTY		4	,		
2 7						C. CITY OR	-		D. INSIDE	CITE NAME			
	Male	Whi		WIDOWE			altimore		96.	YES X	ио 🗆		
9. [ATE OF BIRTH		10. AGE (In		If Under 1 Yr. If Under 24 Hrs. Nonths , Doys , Hours , Min.		ND NUMBER						
UN	K		49			2	108 Fleet	Street	t				
11.	BIRTHPLACE (S	tote or foreig	in country)	1	2. CITIZEN OF	13. FATHER	SNAME						
111	W				WHAT COUNTRY?	UNK							
144	USUAL OCCUP			14B. KIND	OF BUSINESS OR INDUSTR		S MAIDEN NA	ME		171-7			
	e during most of w	orking life, ev	en if retired)	4									
1/4	WAS DECEASE	D EVER IN	II S ARMET	FORCES?	17. SOCIAL	18. INFORM	ANT			ADDRESS			
	, no or unknown)				SECURITY NO					ADDICES			
-	NO				12-60-1766	UNK					A DODG VIII A TE AND		
	19.	, 9 L			CAUSE OF DEA	АТН					APPROXIMATE IN WEEN ONSET AN		
	DISEASE	E OR COND	ITION DIRE	CTLY									
	L	LEADING TO	DEATH		(A)IMMEDIATE	CAUSE Cir	rhosis of	liver					
	(This does no	ot meon the osthenio, etc	mode of dy	ing, e.g.,	DUETO, OR	AS A CONSEQ	UENCE OF:						
	injury or com	plication which	ch coused de	oth.)						100			
	ANTECEDENT CAUSES (B)												
	DISEASES C			Y. GIVING	(B) DUE TO, OR	AS A CONSEC	UENCE OF:						
	RISE TO THE	ABOVE CA	USE (A) STA	TING THE									
Z	ONDERENIN	O CONDIII	ON LAST.		(C)								
CERTIFICATION	STHER SIGN		II .										
O	TO THE DEA	IFICANT CON	I RELATED TO	THE TERMIN	NG NAL								
쁜		CONDITION			******								
3	20A. DATE OF	OPERATION	1 20B. COI	NDITION F	OR WHICH OPERATION W	VAS PERFORMED 21.					. AUTOPSY? (Yes or No)		
0	X									7	les		
₹		VAL CAUSE		2	28. PLACE OF INJURY (e.g.	, in or obout 2	2C. WHERE DID	(if in Boltimor	e City, give e	exoct location)		
100	UNDERLYING UTING CA			l n	ome, form, foctory, street, offi	ce blag., etc.) II	JUNY OCCUR!						
MEDI	22D. TIME (Doy) (Year	r) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCL	JR?				
	OF INJURY (APPROX.)				WHILE AT NO	WHILE							
	23.			ŗ	n. WORK AT	WORK L							
		ify that I h	eld on I	nguiry [Inspection A	topsy X	ond that an t	his basis.	deoth in m	v opinion			
				(F)	Accident Suici			Undetermin					
	result	ed from: N	1010101 000	262 1	Accident Suici								
	ACTUAL	(11	/. X	1	1.		CHIEF MEDICAL				DATE SIGN	JED	
	SIGNATE	JRE	ran s	J.	Jal M.	٥.	STANT MEDICAL		X				
	EXAMINE	OL.	narles	S. Sp	ringate, M.D.	ASSC	CIATE MEDICAL	EXAMINER		May 20	, 1968		
-	NAME (T	ype)				K P	ny la c	LOCATION	15::		` '-		
	A. BURIAL CREA MOYAL (Speed		24B. DATE	210	24C. NAME OF CEMETERY	OF CREMATO	24D.	LOCATION	City, to	wn, or count	Stol	21	
	Buria		2/2	2/68	rainewoo	de	m. 1	aylo	1 Cu	1. 10	a. Ira		
25	A. DATE REC'D	BY HEALTH	DEPT.	25B. NA	ME OF REGISTRAR	25C. I	UNERAL DIRECT	OR /	121	ADDRESS	+ 00	ans	
	1.8			000	and The Manne	0 500	Textess.	UD 1	7 30	Ceval	en	1	
	IV.	AY ZJ	1968	U Colored	A C MINISTER	5	0 /	-					

VS 151-REV. 1/1/68

AL ALLES AND AND ADDRESS AND A

2525-6

68- 5378 BALTIMORE CITY HEALTH DEPARTMENT

RIE	RTH NO.		MED	ICAI	L EXA	MINER'S	CERTIFI	CATE O	F DEAT	TH REG. NO.	68-	5378
	NAME OF DE	CEASED					2. DATE	Known 😾	Month	Doy	Year	Hour
	(Type or Print) CORA JOHNSON					OF	Estimoted [_	0.1			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					DEATH 3. DATE	Laminored	Month	Dov	68 Yeor	9:50 p.M.		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					UNCED DEAD	1	0.1					
	SPITAL INSTITUTION	ADD	RESS OR LOCAT	ÍON)			5. USUAL R	ESIDENCE (W	May nere deceosed	LI lived, II institution	1968	9:50 p.M.
	^	100/	W G 11		a		A. STATE			B. COUNTY		,
6.	EEV.	12U4	McCubb			Apt. 2A	C. CITY OF	Maryland		D. WSIDE C	TVARAITS	1
		/. KACE			-	IEVER MARRIED	C. CITT OF	101114		D. MASIDE C	THE STATE OF THE S	
	emale		lored		WED 🔀	DIVORCED L	Balto				S x I	VO L
2	DATE OF BIRT	903	10. AGE (In		Months	1 Yr. If Under 24 Hrs. Doys , Hours , Min.		204 McC		Ct		
11.	BIRTHPLACE (State or lon	eign country)		12. CITIZ	EN OF	13. FATHER	'S NAME	upotitis ,	,		
	1	11			/YHA	T COUNTRY?	Ed	WARD	0	Pher		
				4B. KIN	D OF BUS	NESS OR INDUSTR	Y 15- MOTHE	R'S MAIDEN N	JAME ,	/ /		
don	during most of	F5T1					KOS.	etta	WED	6-		
16.	WAS DECEAS	ED EVER II	N U.S. ARMED	FORCE	S? 17.	SOCIAL SECURITY NO.	18. INFOR		10	A	DDRESS	1. ~11
(10	S, no by unknown	ij (ii yes, giv	e wor or dates o	or service	e)	SECORITINO.	UNEE	dA Wo	olfard	1236	11. Dr	ordway
	19.41	1,2				CAUSE OF DEA	ATH		10.7		BETWE	ROXIMATE INTERVAL
	DISEAS		DITION DIREC	CTLY		Hyperten	sive ar	teriosc	lerotic	cardiov	ascula:	r disease
	(Th:	LEADING				(A)IMMEDIATE						
	heart failure	e, osthenio, e	ne mode of dyi etc. It means the	diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:				
	injury or co	mplication w	hich coused deo	th.)								
		NTECEDEN				(B)			****			
	DISEASES RISE TO TH	OR CONDI	TIONS, IF ANY	GIVING	G E	DUE TO, OR	AS A CONSE	QUENCE OF:				
7			ITION LAST.			(c)						
ō	443	ν	TI .			(0)						
CERTIFICATION	OTHER SIGI	NIFICANT C	ONDITIONS CO									
뜬	DISE ASE O	RCONDITIO	N GIVEN IN PA	RT 1 (A)	.}.	+00000000000000000000000000000000000000						
ER	20A. DATE O	F OPERATIO	ON 20B. CON	NOITION	I FOR WH	ICH OPERATION W	AS PERFORM	NED			21. AUTOF	PSY? (Yes or No)
	0											No
DICAL	UNDERLYING	_	NTRIB-		22B.PLAC	CE OF INJURY(e.g., m, factory, street, office	, in or obout : ce bldg., etc.)	22C. WHERE DI NJURY OCCUP	D (If in Boltim	ore City, give exc	ect location)	
MEDI	UTING L CA	(Month)	(Doy) (Yeor) (Hou	ur) 22E.1	NJURY OCCURRED		2F. HOW DID	INJURY OCC	UR?		
	(APPROX.)				m. WHILE		T WHILE					
	23. 1 cer	tify that I	held an Ir	nguiry [☐ In	spection X Au	itopsy 🗌	ond that or	n this basis	, deoth in my	opinion	
	resul	ted from:	Natural cous	1 30	_			omicide 🗌	Undeterm	ined monner [
		T	110		1 11	1		CHIEF MEDICA				
	ACTUAL		WILL	W	1	115	ASS	STANT MEDICA				DATE SIGNED
	SIGNAT		2001.	<u> </u>	JV	M.1	J.					
	NAME (EdwardF	· Wi	1 son	мъ	A55(CIATE MEDICA	AL EXAMINER		Man. 0	2 1000
24.	A BURIAL CRE	MATION.	24B. DATE	· WI		AME of CEMETERY	or CREMATO	DRY 24	D. LOCATIO	N (City, town	May 2	(Stote)
RE	BURIA	ify)	5/25	168	11	VAUgh			DAMB	ridge.	01	de
25	A. DATE REC'D		H DEPT	25B N	NAME OF	REGISTRAR	25C	FUNERAL DIRE			DDRESS	0
23	A A A A A A A A A A A A A A A A A A A		3 1968	Re	2 04	, talente	\$	and be	for b	0/120	4/2/	entral a
-	151 0514 1/1/4	0			1	2 0 1	13	The same	13 47	11.00	11.63	- TUPE TO US

(4) Undetermined in regular

MOS

death

fracture of any kind;

or his assistant if death

IMPORTANT

FUNERAL DIRECTOR:

BIRTH NO.	5379 CERTIFICA	TE OF DEATH	REG. NO.	0 0070
THOMAS . M	IRS: LILLIAN .C.		- 20 - 1968	10-30 P. N
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD OR INSTITUTION, GIVE STREET		ere deceosed lived. If institu NTY	tion: residence before admission
HOSPITAL OR ADDRESS OR LOCAT	10N)	C. CITY OR TOWN	D. INSIDE	
CHURCH HOME AND	D HOSPITAL	E. STREET AND NUMBER 505 E.	BALTIMORE	st.
FN	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3-31-1923	lost birthdoy) M	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) #OUSEWIFE	OB, KIND OF BUSINESS OR INDUSTRY	VA.	reign country) 12	U. S. A.
JESSE PICKE	TT	14. MOTHER'S MAIDEN NA	CHPHREY	
S. Wos Deceosed Ever in U. S. Armed Force Yes, no or unknown (If yes, give wor or dotes	of service) SECURITY NO.	17. INFORMANT Mrs. Lucille T		asdowne, Md. 43 Trailer Park,
(This does not mean the made of a heart failure, asthenio, etc. It means it injury at camplication which caused a ANTECEDENT CAUSES DISEASES OR CONDITIONS, if are its to the obave cause (A) is UNDERLYING CONDITION lost.	(B) DUE TO, OR AS		CIRRHI	Not known
OTHER SIGNIFICANT CONDITIONS CON- TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 119A. DATE OF OPERATION 19B. CONDITION 19B. CONDITION 19B. CONDITION 19B. CONDITION 19B. CONDITION 19B. CONDITION 1	TRIBUTING E TERMINAL 1 (A).			
27-16-1968 WAS PERFO 27A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	y, give exact location)
0	(Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID IN	JURY OCCUR?	
22. 1 certify that (1) (this hospital) that (1) (we) lost sow the deceased		- 17 - 19 68 ond t		20 — 19 68 death occurred on the dot
ond hour ond from the couses state	4	iew the body ofter deoth		3, DATE SIGNED
Ky. Chengo	Atter	nding Med.	Staff D	5-20-68

deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. where the physician who pronounced This certificate must be approved by the chief medical examiner examiner. shows: (1) An accident of any nature; (2) Body the body was released to the hospital was D.O.A. at a hospital (except

(City, town, or county)

Balto. Nat. Cem. 25A. DATE REC'D BY HEALTH DEPT.

23C. PHYSICIAN'S NAME (Type)

Burial

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

M. CHENGA

5501 Frederick Ave., Balto. Md. 28
25C. FUNERAL DIRECTOR ADDRESS

Flynm & Fleming, 1422 Light St. Balto. Md.

2

CHEKCH MEHR WAS HELLENS

JES E GALTIMENT ST

3-81-18-8

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FOMA HILMPIN REY

- 36 - 70

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NOWSERVEE

JESSE PICKETT

a - ag. - 78

68- 53	380 CERTIFICA	TE OF DEATH	REG. NO.	9 5380
1. NAME OF DECEASED	HNSON		HOOR OF DEATH	5-00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	IOUNCED DEAD	4. USUAL RESIDENCE (Where do	eceased fixed. If ins	titution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL DR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INSI	DE CUY LIMITS?
33 THE JOHNS HOPKINS HO	SPITAL	E. STREET AND NUMBER 1209 ASHLANI	AVENUE	
FEMALE NEGRO WIDOWE	DIVORCED DIVORCED	8-27-23	AGE (In yeors birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)		1. BIRTHPLACE (Stote or foreign 4. MOTHER'S MAIDEN NAME	country)	12. CITIZEN OF WHAT COUNT
Rabard -		HARRIET PIT	TS	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	7. INFORMANT	Three "	ADDRESS 2
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the group of the group of the course (A) stoting the course (B) stoting the cou		CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stoting to the underlying condition lost. OG 7.0 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	G AL		OOR IE VEC WERE E	INDINGS CONSIDERED
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DISEASES OR CONDITIONS, if any, giving to the above cause (A) stoting to underlying condition lost. O S 7.0 II O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A). 179. DATE OF OPERATION 179B. CONDITION FO WAS PERFORMED OR CONTRIBUTING CAUSE OF 1905 CAUSE O	G AL	20 A. AUTOPSY? (Yes or No.) 2 YES or obout 21C. WHERE DID		INDINGS CONSIDERED USES OF DEATH?
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DISEASES OR CONDITIONS, if any, giving the set of the above cause (A) stoting II UNDERLYING CONDITION lost. OF TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART † (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING OF INJURY (APPRDX.) 22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive at and haur and fram the causes stated above. 23A. SIGNATURE	CO	20 A. AUTOPSY? (Yes or No) 2 Y.E.S or obout 21C. WHERE DID ce bidg., INJURY OCCUR? 21F. HOW DID INJUR 19 GV and that ew the bady after death. ding Med. Ske Director Physics 3D. ADDRESS THE JOHNS He	(If in Boltimore Y OCCUR? To (my) (aur) apin off. OPKINS Ho	23B. DATE SGNED

- 0/H return you and along in FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

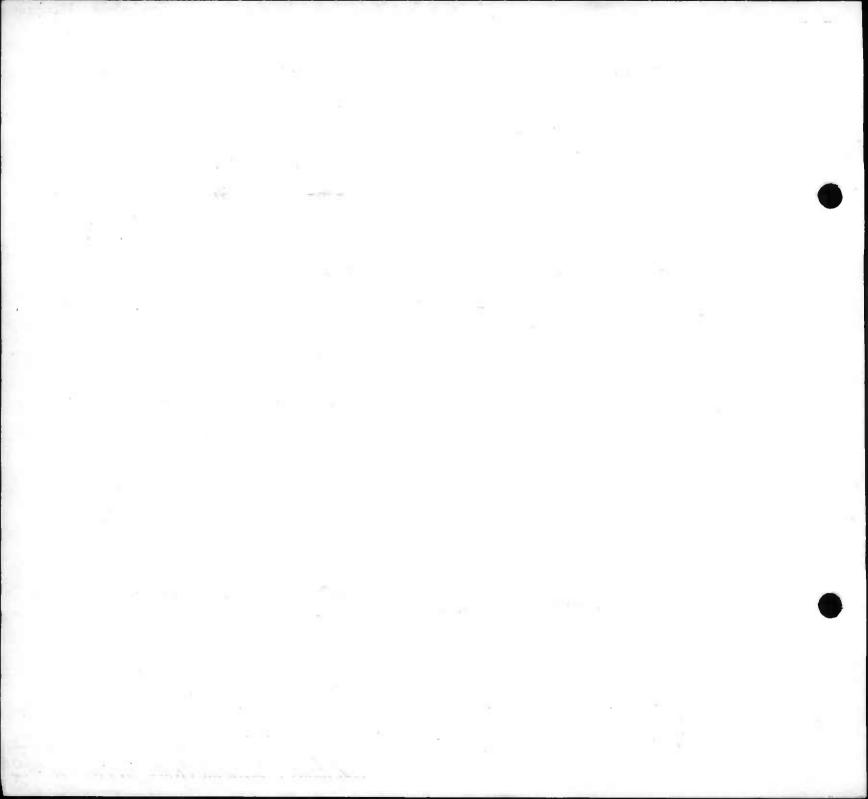
written approval must be obtained before the remains are embalmed or final disposition is made.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT

C-000 00	CERTIFIC	ATE OF DEATH REG.	No. 66 - 3301
BIRTH NO.	CERTITION		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF	DEATH 850 P.M.
Addie Cook		3-41-6	8 8 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased live A. STATE B. COUNTY	red. If institution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore City Hospitals		Baltimore	YES K NO
4940 Eastern Ave.		E. STREET AND NUMBER	, com
	201		// 03000
Baltimore, Maryland # 21		1540 N. Bruce St.	# 21202
	ARRIED NEVER MARRIED OWED A DIVORCED	B. DATE OF BIRTH 9. AGE (In ye lost birthday) 67	ors If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
OA. USUAL OCCUPATION (Give kind of work 10B. K		RY 11. BIRTHPLACE (State at foreign country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired)			
Housekeeper		Virginia	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Lewis Pendleton		Annie Clark	
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
Yes, no oi upknown) (If yes, give war ar dotes of s		DAN B	# 21224
No	223-26-1670D	BCH: Records 4940 East	
18.2 99.0	CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y		DET WEET OF OET PITTE DEPTIT
LEADING TO DEATH	177	Cami-	
(This does not mean the mode of dying	(A) IMMEDIATE CA		
heart failure, asthenio, etc. It means the d injury or complication which caused death	iseose,	s a consequence of:	
ANTECEDENT CAUSES		3	
ANTECEDENT CAOSES	(B)	014	
DISEASES OR CONDITIONS, if any,	3	AS A CONSEQUENCE OF:	
rise to the obove couse (A) statin UNDERLYING CONDITION lost,	g the (C)		
1 0 1 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE	ITING		
TO THE DEATH BUT NOT RELATED TO THE TERM			
DISEASE OR CONDITION GIVEN IN PART 1 (A)		Took	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION WAS PERFORMED WAS PERFORMED.		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFY	NG CAUSES OF DEATH?
U 121 A. ACCIDENT WAS UNDERLYING!	21 B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID (If in	Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inclify medical examiner	home, farm, factory, street,	office bldg., INJURY OCCUR?	
0			
21D.TIME (Manth) (Day) (Yeo) (Hou	7) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not WI		
771 T KOW	Work L At Wor	- 10	
22. I certify that (I) (this haspital) atte	nded the deceased from	5-20 19 68 10	5-2/ 1968.
that (I) (we) last sow the deceased ali	ve an 5-2/	19 6 9 ond that in (my)	opinian deoth occurred on the dote
ond haur and from the causes stated ob	ave. (1) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE			23B, DATE SIGNED
Dowl & Jacker		Med. Staff Nys. Director Phys.	5/21/68
23C. PHYSICIAN'S NAME (Type)	O	Baltimore City Hospita	ls
Dawd J. Yarborough	MD. QEGRE	1010 Factorn Ava Balt	
4A. BURIAL CREMATION, 248. DATE	24C NAME OF CENTETERY OF C	REMATORY 24D. LOCATION	(City lown, or county) (State)
PREMOVAL IS Secify)	01/4/1.11	a flama Dall	12/1
2000 1073519105	MIMMAN	1 (MMI- LOULIOT	7/14/
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAY 23 1968 (P.)	2. B. E. Fallwar	1 Mille Wall Villed	Sparel 2199 (aktasala)
1000	Service of Manager and	THE COURTS LIGHTANG	I WILL DI I IL SOLW WILL

VS 150-REV. 1/1/6B



BIRTH NO.

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

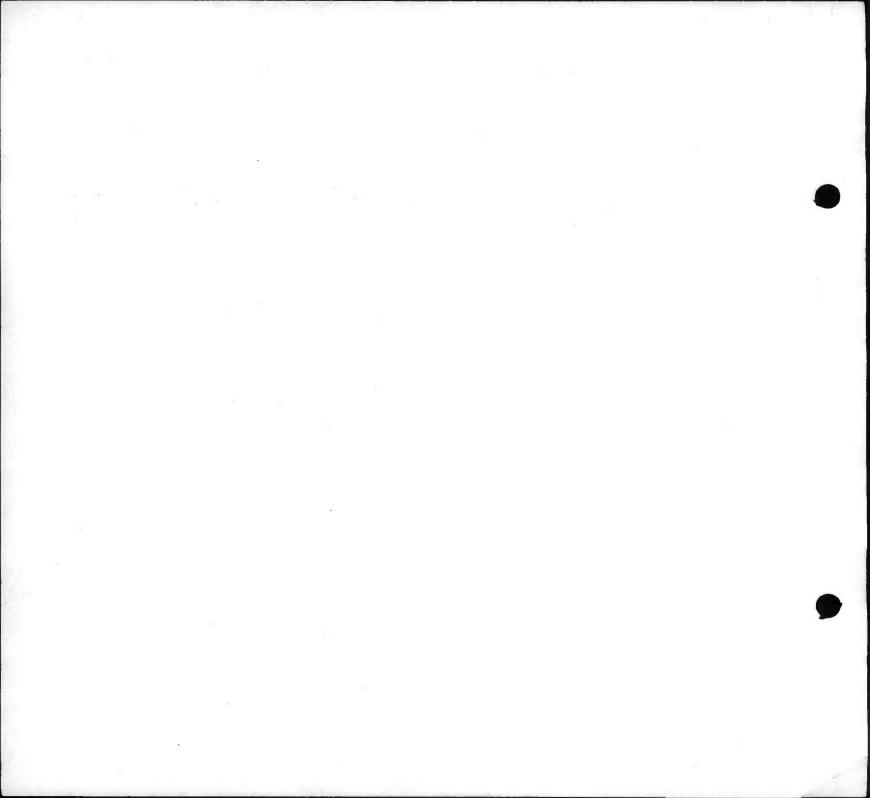
6/6/68 - Correction form from funeral director.

Ale.

a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

9.5	CERTIFIC	CATE OF DEATH REG. NO.	00 0000
Such	BIRTH NO. 1, NAME OF DECEASED ((Type or Print))	2. DATE AND HOUR OF DEATH	7:20a
٠ ا	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institut	N
ior to death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Mary land	-02
to	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. NSIDE	TY LIMITS?
r atte prior le.	Jutheral Hospital	E. STREET AND NUMBER	21217
de.	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	1633 N. Appleton J. B. DATE OF BIRTH 19. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
regular sased p is made	Ferra Negro WIDOWED DIVORCED	5-6-1889	onths Doys Hours Min,
	10A. USUAL OCCUPATION (Sive kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or Toreign confly)	CITIZEN OF WHAT COUNTRY
th was in in the dec	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
the lispos	unknows	Rose E	
0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
d d and r fin	18. CAUSE OF DE	ATH Yary Jalleson 6	APPROXIMATE INTERVAL
tendar ed or f	DISEASE OR CONDITION DIRECTLY	CHA	BETWEEN ONSET AND DEATH
r att	(A)IMMEDIATE	AS A CONSEQUENCE OF:	
ular	injury ar camplication which caused death.) ANTECEDENT CAUSES	Menoseleron;	
who reg	(B)	RAS A CONSEQUENCE OF:	
in P SC	rise to the above cause (A) stating the UNDERLYING CONDITION tost. (C)		
vas main	33/X OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Too I was a second of the seco	
physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, factory, street	.g., in or obout 21C. WHERE DID t, office bldg., INJURY OCCUR?	y, give exact location)
whe No No Pe	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(except w and (6) h obtained	While A1 Not V	While O	
an obt	22. I certify that (*(this hospital) attended the deceased from		
tal th)	ond hour and from the couses stated above. (1) (We) (MS) (did no	19_6_8ond that in (our) opInior	deoth occurred on the dat
hospital o death) I must be	23A. SIGNATURE	238	DATE SIGNED
0	23C. PHYSICIAN'S DEGREE	Attending Med. Staff Director Phys.	5.20.68
A. at a prior approv	NAME (Type) L. RAFEL	Sublew Maple	0
. 70 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of		own, or county) (Stote)
was D.O. deceased written a	25A. DATE REC'D THEALTH OPPLY 25B. NAME OF REGISTRAN	25G-FUNERAL DIRECTOR	MY ADDRESS W
¥ de ×	MAY 23 1968 OF DEST & GENTLE PA	A low Solver -	Isra6.



	CO F	BALTIMORE CITY	HEALTH DEPARTMENT		00 5004
2	00-0	384 CERTIFICA	TE OF DEATH	REG. NO	68 D.184
	I. NAME OF DECEASED		2. DATE AN	P HOUR OF DEATH	- 0
	(Type or Print) Thomas	Good me	n 51	18/18	18 EM M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WAR	e decoused lived. If in	stitution: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION GIVE STREET	MARYLAND		
	HOSPITAL OR ADDRESS OR LOCATION)	THO HON, OF TE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS
	grad spine 13		BALTIMORE	1 -	YS NO
	37 THE JOHNS HOPKINS	HOSPITAL	E. STREET AND NUMBER		
				ASE ST.	
	5. SEX 6. RACE 7. MARRI	IED XNEVER MARRIED		9. AGE (In years / last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	MALE NEGROID WIDOW		1-8-07	51	
	to A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if reyford)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fores	gn country)	12. CITIZEN OF WHAT COUNTRY?
2	1elling		Sulfolk	1/00	USA
	13. FATHER'S NAME	2	14. MOTHER S MAIDEN NAM	ME	
2	Ilagae large	m rus	ADA PARK	ER	
3	15. Was Deceased Ever in U. S. Armed Forces! [Yes, no or unknown] [If yes, give wor or doles of service.	1 6. SOCIAL	17. INFORMANT	4	ADDRESS
2	(res, no or unknown) til yes, give wor er doles of service	SECURITY NO.	-hall Com	Sauce	V &
	18. / 2 / 0	CAUSE OF DEAT	Julie ford	errone	APPROXIMATE INTERVAL
5	DISEASE OR CONDITION DIRECTLY	0-4	- 80	1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	aceretral,	nemon	age Holays.
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,				
2	injury ar complication which coused death.)				
0	ANTECEDENT CAUSES	(B) Hell	perlensio	n	at least 2 year
9	DISEASES OR CONDITIONS, if any, give		A CONSEQUENCE OF:	• • • • • • • • • • • • • • • • • • • •	
2	rise to the obove couse (A) stating UNDERLYING CONDITION tast.	(C)			
5	_ 33/x II				
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ט	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	20A. AUTOPSY Tes or No	N 200 IS WES WESS	FINIDING: CONSIDERED
	198. CONDITION FOR WAS PERFORMED	OK WHICH OPERATION	1/25	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
2	U 2TA. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Baltimor	e City, give exoct location)
2	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, or	ffice bldg INJURY OCCUR?		
0	U	21E. INJURY OCCURRED	21F. HOW DID INJ	IIRY OCCUP?	
9	S OF INJURY	While At Not While		on occon	
5	(APPROX)	Work At Work	. / =	10	110
0	22. I certify that (1) (this hospital) attended	1. /	. 0	19 6 1 10 6	1988.
0	tha (1) (we) last saw the deceased alive		=	at (n(my)) (our) api	nian death occurred on the date
21	ond hour and fram the couses stoted obove	e (I) (We) (did) did not) v	riew the bady ofter death.		
	23A. SIGNATURE	AA O	ending Med.	Shaff 1	238, DATE SIGNED
5	(Molensum h	DEGREE Phy	s. Director L	Phys.	67/8/68
0	A NAME (Type)	- MA	23D. ADDRESS	1	11
ppr	Albert B. EINSTEIN	V, Ur, MID DEGREE	Johns Hope	cms abo	Spiral
5	24A. BURIAL CREMATION, 24B. DATE 24G. REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY AD. L	OCATION (C	ty, town, or county) (Stote)
	Burn 5-22-68	mittaken	1 Cht	Burteli	1 /k
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	To talled	25C, FUNERAL DIRECTOR	1 //	ADDRESS
3	MAY 23 1968 R.C. 2	- D. Harberte	MAIRIBINA	Voor whit	Stoutes 61
	VS 1S0-REV. 1/1/68		July over	1010	The state of the s

and the same Direct Is Ensote in Jo Mil Bline Hope 1004 the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

68- 5385 CERTIFICATE OF DEATH

REG. NO.	68-	5385

0 5	BIRTH NO. CERTIFICA	TE OF DEATH
Sucl	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
_	Meyers, Harry James	May 21, 1968 PM.
-	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where diseased lived. It institution: residence before admission) A. STATE B. COUNTY
ndance to deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN DANSIDE CITY LIMITS?
Ψ	44	E. STREET AND NUMBER
<u>►</u> .	The Union Memorial Hospital.	2430 Pelham avenue -
gular sed p made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
regul eased is ma	MIDOWED DIVORCED	11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
in	done during most of working life, even if retired)	u.S.A.
was in the dec	13. FATHER'S NAME	Maryland Anelica
	James E. Meyers	Harry m Wood manded
eath e on al di	15. Wos Deceosed Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Take
Find	W.W. 2 214-01-5776	
enda enda	18.4/2,21 CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
J + W	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAL	USE - CORDONNICULAR Clecillar
		A CONSEQUENCE OF:
pro ular mba	injury or complication which coused death.)	
69	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
in r	ise to the obove couse (A) stoling the UNDERLYING CONDITION lost, (C)	Leoschenosis
vsicial was main	44 2 X 11	
S & E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
siciar	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
re the phy physician fore the re	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
be be	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., i hame, form, factory, street, o etc.)	in or about 215. WHERE DID (If in Boltimore City, give exact location) ffice bldg., UNIVERS OCCUR?
(except wand (6) hobtained	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While	21F. HOW DID INJURY OCCUR?
d ((APPROX.) Work At Work	1/2/1/16
(ex	22. I certify that (+) (this haspital) attended the deceased from	7/1 /6/
= 20	ond hour and from the couses stated above. (1) ()(did) (did not)	
hospital o death) I must b	23A. SIGNATURE	23B. DATE SIGNED
	1) I for I simple the Begree Phy	ending Med. Stoff Phys. Stoff
at a rior rovo	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
A. at a h d prior to approval	ZAA. BURIAL CREMATION, 24B. DATE 124C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 5/24/68 New Cathedra	1 6 1 1 1 1
was D.C decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	25C FUNERAL DIRECTOR ADDRESS
¥de	I S S S S S S S S S S S S S S S S S S S	Panand Q Ruch Inc. Balto. Md.

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death

was in regular attendance on the forther the deceased prior to death. Such

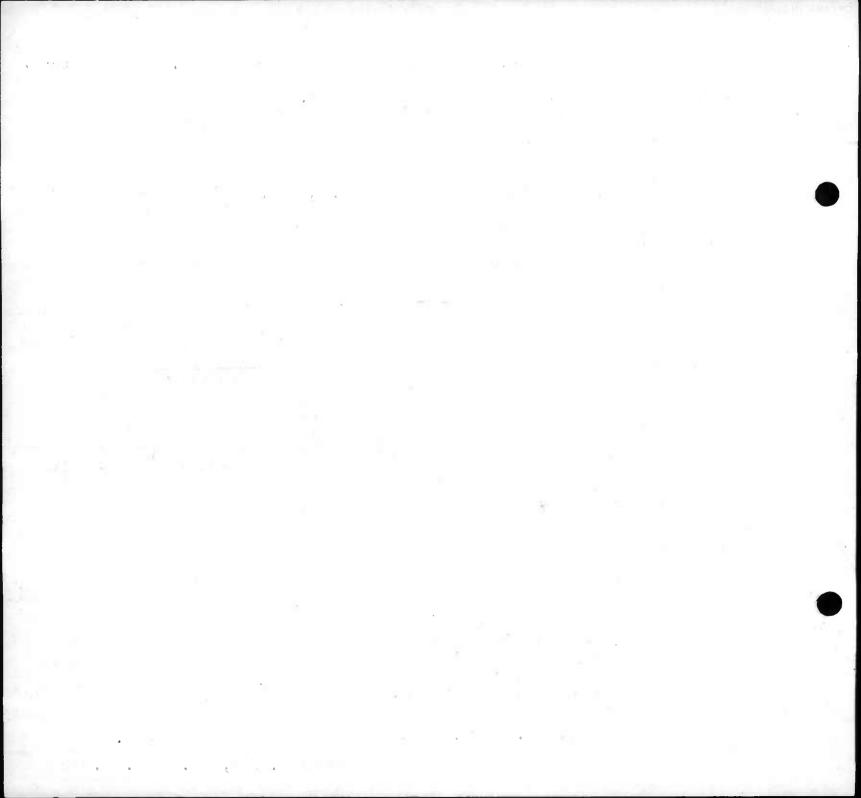
a hospital and

	6	3 53	86 CERTIFICA	HEALTH DEPARTMEN	T REG. NO	68- 5386
1. NAME OF (Type or Prin	DECEASED		SOMMERS	2, DAT	e and hour of death	11:30 P.M
3. PLACE IN	BALTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD		Where deceased lived, If OUNTY	institution: residence before admission)
FULL NAM HOSPITAL C	R ADDRESS OR LOC	AL OR INSTIT	TUTION, GIVE STREET	Md .	Ou N	SIDE CHY LIMINS?
	2824 Harvi	ew Aven	ne.	Baltimore		YES NO NO
00				E. STREET AND NUMB	2824 Harvie	w Avenue
s. sex Male	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	Feb. 1, 1909	9. AGE (In years lost birthdoy) 59	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	OCCUPATION (Give kind of wor ost ol working life, even if relired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Maryla		12. CITIZEN OF WHAT COUNTRY USA
3. FATHER'S				14. MOTHER'S MAIDEN		
	Louis	Sommers			Clara H	odges
	eosed Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	WW2	23 01 30171007	216-03-0010	Mrs. Mae Som	mers	(Same)
heart fainjury o	nes nat meen the made at lue, asthenia, etc. It meens a camplication which caused ANTECEDENT CAUSES ES OR CONDITIONS, if the above cause (A) LYING CONDITION lost.	the disease deoth.) any, giving	arleros (B) DUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	polio Vasi	edis 2
O THER S TO THE DISEASE		THE TERMINAL RT 1 (A).	WHICH OPERATION	Myocard 20(4, AUTOPSY? (Yes	or No) 20B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH!
DI 19A.DA	WAS PER	FORMED	Parameter State of the State of		IN CERTIFYING C	AUSES OF DEATH!
OR CON	CIDENT WAS UNDERLYING [TRIBUTING CAUSE OF Inotify medical examiner)	21 hor	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	n or obout 21 C. WHERE DI	D (If In Boltime	ore City, give exact location)
21 D. TIM OF INJU	RY	w	E. INJURY OCCURRED hile At Not While At Work	e 🗖	INJURY OCCUR?	7.6 10
that (1)	rtify that (I) (this hospito	ed olive on.	Yeb v			19 00
23A. SIG 23C. PHY	NATURE COUSES STORMATURE SICIAN'S	2	FALL AHE Phy	nding Med.	Shaff Phys.	23B, DATE SIGNED 3/68
/-	1. Also	110	DEGREE	7000	11 mora	1 pallo
Bu	CREMATION. 24B. DATE (Specify) 111 5/27		lame of CEMETERY of CRI alto. National		Baltime:	city, town, or county) (Stote)
2SA. DATE	AY 12 3 1968	85B. NAME	OF REGISTRAN	Loonard J		ADDRESS Balte. Md. 21214

25A. DATE REC'D BY HEALTH DEN VS 150-REV. 1/1/68

NAME OF REGISTRAR

Leonard J. Ruck, Inc. Balto. Md. 21214



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This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hospital and the body was released to the haspital by a medical examiner. Also, if the direct ar cantributing cause af death was bloomed at a haspital (except where the physician who pranaunced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance and the deceased prior to death); which is made.

	0.0	BALTIMORE CIT	Y HEALTH DEPARTMENT	6	8- 5200
	68	3- 5388 CERTIFICA	ATE OF DEATH	REG. NO.	8 5388
	TH NO. AME OF DECEASED			HOUR OF DEATH	
(Typ	c ANTREL	L, MARGARET EDNA	MAY	20, 1968	9:10 A.M.
3.	PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If institution	residence before admission)
HC	LL NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA	TAL OR INSTITUTION, GIVE STREET ATION)	MARYLAND c. CITY OR TOWN	21229 6. NASIDE CITY	Y LIMITS?
	ST AGNES HO	SPITAL	BALTIMORE E. STREET AND NUMBER	- COS	3-000
7	O ST AGNES HO	STITAL	4103 WAL RAD	STREET	
5. 5	EX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years If Un st birthday) Monti	nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.
	FEMALE WHITE	WIDOWED DIVORCED	11/27/01	66	
	USUAL OCCUPATION (Give kind of world of world of world of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	1 1. BIRTHPLACE (State or foreign	country) 12. C	TITIZEN OF WHAT COUNTRY?
0011	Retired	House Work	TENNESSEE		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	:	
	WILLIAM OLIVE	ER	FANNIE ORAL		
15.	Was Deceased Ever in U. S. Armed For ,no or unknown) (If yes, give wor or dote	rces? es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110.	NO	414302666	ST AGNES RECO	RDS-WILKENS	& CATON AVES
	18. 1/ 1/ 3 14 73	CAUSE OF DEA		TOO HILKENO	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	RECTLY	A	0 0 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		USE Levelynagent	las Occident	
	(This does not meon the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO, OR A	A CONSEQUENCE OF:		
	injury ar camplication which coused		110000	1	
	ANTECEDENT CAUSES		HSCVD and	Whertension	^
	DISEASES OR CONDITIONS, IF	,	S A CONSEQUENCE OF:	N	
	rise to the abave couse (A) UNDERLYING CONDITION last.	staling the (c) fluor	e Brain Lang	e a lbilessi	\$
	443X 11	• • •	1 1		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO		les bellitus		1 1 1 2
CAI	DISEASE OR CONDITION GIVEN IN PAR		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	GS CONSIDERED
RTIF	WAS PER	RFORMED	No	IN CERTIFYING CAUSES O	F DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City,	give exact lacation)
CAL	DEATH (notify medical examiner)	etc.)	omee blage, my oki o cook.		
MEDIO	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX)	While At Work At Work	ile 🔲		
	22. I certify that (N) (this hospita		APRIL 21. 19	68 to MAY 20	. 1968.
	that (1) (we) last sow the decease	14 414 00			
		oted obove. M) (We) (dld) (ZiZ XoX)		(,, (00., 0p0	TOTAL COLUMN TO COLUMN THE COLUMN
	23A. SIGNATURE	THE OBOVE: MY (WE) (BIB) (AIR)(BI)	view the body offer deom.	23 B. C	ATE SIGNED
	XIIII	10/0	hending Med. St ys. Director Pt	haff A	
	23C. PHYSICIAN'S	DEGREE	ys. Director Pt 23D. ADDRESS	1957—	
	NAME (Type)	EWALDO areas		PITAL WILKEN	S & CATON AVE
24/		24C. NAME of CEMETERY of C			n, or county) (Stote)
	REMOVAL (Specify)				
254	Burial 5-23-	68 Cedar Hill	25C FUNERAL DIRECTOR		way A.A.Co., Md.
	WHI 23 1908	238. NAME OF REGISTRAN	0 21 3,810	Balto.	sternowve. 21224, Md.
TT.			PROPERTY OF THE PROPERTY OF TH	LAKEY	

VS 150-REV. 1/1/68

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BALTIMORE CITY HEALTH DEPARTMENT REG NO CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) WILLIAM PHILLIPS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission B. COUNTY A. STATE FLORDDA FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? NOKK YES CLEARWATER THE JOHNS HOPKINS HOSPITAL E. STREET AND NUMBER GULF TO BAY BOULEVARD S. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE If Under 24 Hrs. Hours i Min. MARRIED X NEVER MARRIED Hours lost birthdoy WHITE WIDOWED DIVORCED 1-9-91 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN PHILLIPS ANNA LEWIS 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces: 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ILLIPS DORN STALEX CAUSE OF DEATH Postoperediso BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE LAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl failure, asthenia, etc. It means the diseose, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF PPERATION WAS PERFORMED Jastric NO 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (Mithis haspital) attended the deceased from mar and that In (my) (our) apinion deoth occurred on the dote that (I)(we) lost sow the deceased alive an ond hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A, SIGN ATURE 23 B. DATE SIGNED Attending Med. Staff Director L 23C. PHYSICIAN'S 23D. ADDRESS FREEMAN THE COY JOHNS HOPKINS HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR

VS 150-REV. 1/1/68

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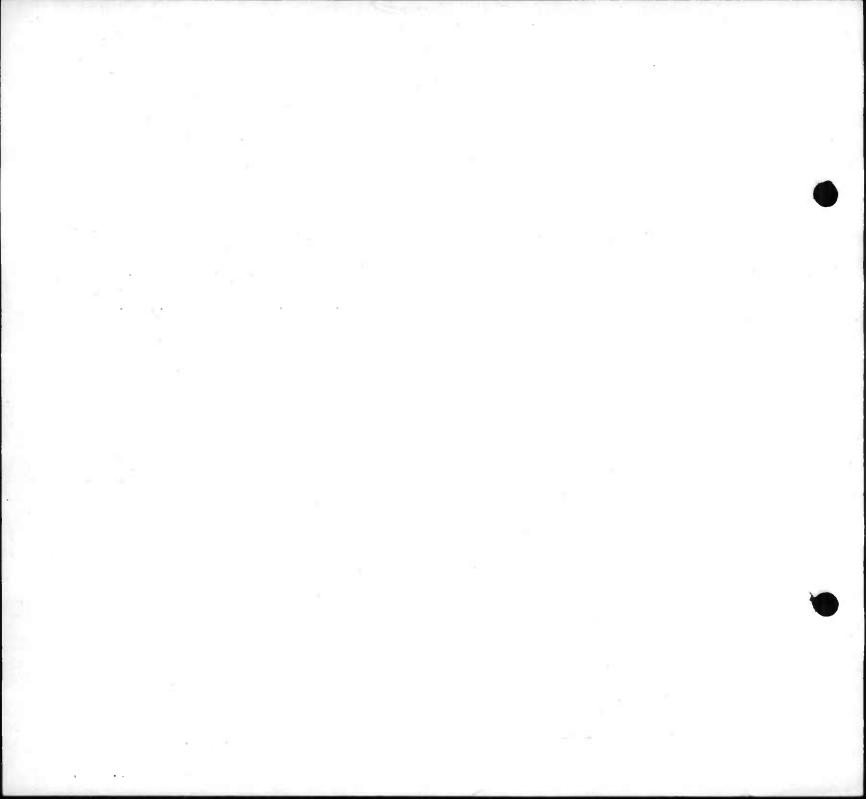
FUNERAL DIRECTOR: IMPORTANT

2 7/2		BALTIMORE CIT	Y HEALTH DEPARTMENT	1/	22 5000
BIRTH NO.	68- 538	30 CERTIFICA	ATE OF DEATH	REG NO_	68- 5390
1. NAME OF DECEASED (Type or Print)		C. BAKER	May	D HOUR OF DEATH	68 3:40 PM
3. PLACE IN BALTIMORE, M. REPORT OF ADDRESS A	ARYLAND, WHERE PRONO		4. USUAL RESIDENCE (Whe A. STATE B. COOM	MONTGOME	RYG 65-40
N311101101		6-10	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS? YES NO M
THE JOHNS	HOPKINS HO	SPITAL	E. STREET AND NUMBER	5	
SEX 6. RACE	7. MARDIED	NEVER MARRIED X	11836 Hugg	O AGE (In worse	If Under 1 Yr., If Under 24 Hrs
MALE WH	I TE WIDOWED	DIVORCED	7 11. BIRTHPLACE (State or fore)	lost biytbelay)	Months Doys Hours Min,
one during most of working life,			TII. BIRTHPLACE (State of fore)	gn country)	USA:
3. FATHER'S NAME	0. 5.	2002	14. MOTHER'S MAIDEN NAM	ΛE	0.5 //.
GHARLES	WARREN_Char	les L. Baker	CLARA MAT	TER	
. Was Deceased Ever in U. es, no or unknown) (If yes, giv	S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2 0	ADDRESS
Yes Kor	rean	517-30-106	7 Hosfetal	Recards	
18.431.0	1	CAUSE OF DEA	тн		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	NDITION DIRECTLY TO DEATH	(A) IMMEDIATE CA	AUSE Intra cere	bral	24 hours
heort foilure, osthenio, e	he mode of dying, e.g. etc. II meons the diseose	DUE TO OR A		in hage	
injury or complication w	NT CAUSES	14.	vertension	0	In was a
	ITIONS, if ony, giving		S A CONSEQUENCE OF:		10 years
rise to the obove UNDERLYING CONDITI	couse (A) sloting the ION lost.	(C)			· · · · · · · · · · · · · · · · · · ·
7	II I				
O OTHER SIGNIFICANT CON	RELATED TO THE TERMINAL				
19A. DATE OF OPERATION		WHICH OPERATION	20A. AUTOPSY? (Yes or No	DOB. IF YES, WERE	FINDINGS CONSIDERED
	NDERLYING 1	B. PLACE OF INJURY (e. a.	in or obout 21 WHERE DID		re City, give exact location)
OR CONTRIBUTING CA	AUSE OF hor	me, form, foctory, street,	office bldg., INJURY OCCUR?	-	to day, give sace to discon,
21D. TIME (Month) ((Doy) (Year) (Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		hile At At Wo	nile 🔲		
22. I certify that			May 19	1968 ta 1	19 20 1968
	the deceased olive on			ot in (aur) ap	inion death occurred on the do
ond hour ond from the	couses stated above.	(We) (did not)	view the body ofter death.		23B, DATE SIGNED
	D 25		then ding Med. Director	Staff	May 20 1965
23C. PHYSICIAN'S NAME (Type)	D. 75.	DEGREE	23D. ADDRESS	Phys.	20,110
NAME (Type)	JOHN D. GRAE	BER	THE JOHNS HO	PKINS Ho	SPITAL
REMOVAL (Specify)	48. DATE 24C. N	AME of CEMETERY OF C		OCATION (C	City, town, or county) (Stote)
	4/	4	^		
Juli	5-24-66 b	ite of H.	lavar	man	James, Coima
Buriel 25A. DATE REC'D BY HEALTH	1/0	OF REGISTRAD	2SC. FUNERAL DIRECTOR	man	famer, Co, ma.

Letter from Johns Hopkins Hospital 6-10-68 M.H.

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/	0	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	if any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🌈	il (except where the physician who pronounced death was in regular attendance on the
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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	0	۵	Ce
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FUNERAL DIRECTOR: IMPORTANT	9	.=	2	e
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	S	9	iows: (1) An accident	S
	This certificate must be	the body was released	hc	was D.O.A. at a hospita
	-	+	S	~

- CB. d	-	68- 5391 BALTIMORE CITY HEALTH DEPARTMENT 68- 5391				
ch ch	BIR	CERTIFICA	ATE OF DEATH REG. NO.			
+ 50	1. N	IAME OF DECEASED	2. DATE AND HOUR OF DEATH			
th.		PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY			
deat	HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DEPITAL OR ADDRESS OR LOCATION)	A. STATE 8. COUNTY MARUIAND C. CITY OR TOWN BAITIMORE YES NO IE. STREET AND NUMBER			
th was in regular attendance in the deceased prior to deat disposition is made.	IN S	TITUTION				
	K	ON Secours HospitAL	435901d FREDERICK Rd 21229			
	S. S	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
		LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	K	e during most of working life, even if retired) EtiRed Saleslady	MASS. USA			
was the posi	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
on dis	<u></u>	Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	MARCELLA STREAMS			
death nce on final d	(Yes	s.no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	4359 Old Frederick Road			
= ==	4	118. () CAUSE OF DEA	Mrs. May E. Lester, Balto., Md. 21229			
attenda med or		162.1	RETWEEN ONSET AND DEATH			
att		LEADING TO DEATH (This does not meon the mode of dying, e.g., (A) IMMEDIATE CA	AUSE POSSIBLE Ca of Rt lung SACONSEQUENCE OF: LEWEN Effusion - Atherox Clevosis			
or p		heart failure, asthenia, etc. Il means the disease, injury ar complication which caused death,)	level efferion - Atherox Clevosis			
e de la		ANTECEDENT CAUSES thromb	CYCLE K have an ed C Vo VI Lander			
re s			AS A CONSEQUENCE OF MICH LIBRALLAN			
E S S		rise to the obove couse (A) stating the CUSEAN UNDERLYING CONDITION tost.	z with terrate first			
vsicia was main	z	163 X II				
an an	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
re the phy physician fore the re	CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
0 0 0	AL		, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? (If in Soltimore City, give exact location)			
Wh d be	EDIC	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
except wand (6) Nobtained	ž	(APPROX.) While At Not Wh				
and		22. 1 certify that (1) (this hospital) attended the deceased from	5-11 1968 to 5-23 1968.			
V		that (A (we) lost sow the deceased alive an 5/23	19 6 8 ond that in(\$\overline{\psi}\$) (aur) opinian deoth occurred on the date			
ospital death) must be		ond hour and from the couses stated obove. (I) (We) (did) (did) (did) (3A. SIGNATURE	view the body after death. 238, DATE SIGNED			
a hospital r to death) ral must be		M. Sark aral	ttending Med. Staff Phys. Director Phys.			
rior i		23C. PHYSICIAN'S NAME (Type) Mehdi Sark areti	Bon Secours Mosp.			
d p	244	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	EE			
D.O. ase		Burial 5-25-68 Loudon Park Cem	Balto., Md.			
was D.O.A. at a ho deceased prior to a written approval m	2SA	A. DATE REC'D BY HEALTH DEPT. MAY 2 4 1968 A. DATE REC'D BY HEALTH DEPT. MAY 2 4 1968 A. D. B. E. B.	250 FUNERAL DIRECTOR 4101 Edmondson Avous			
7 0 7	VS	150-REV. 1/1/68	Witzke Funeral Directors, Bato., Md. 21229			

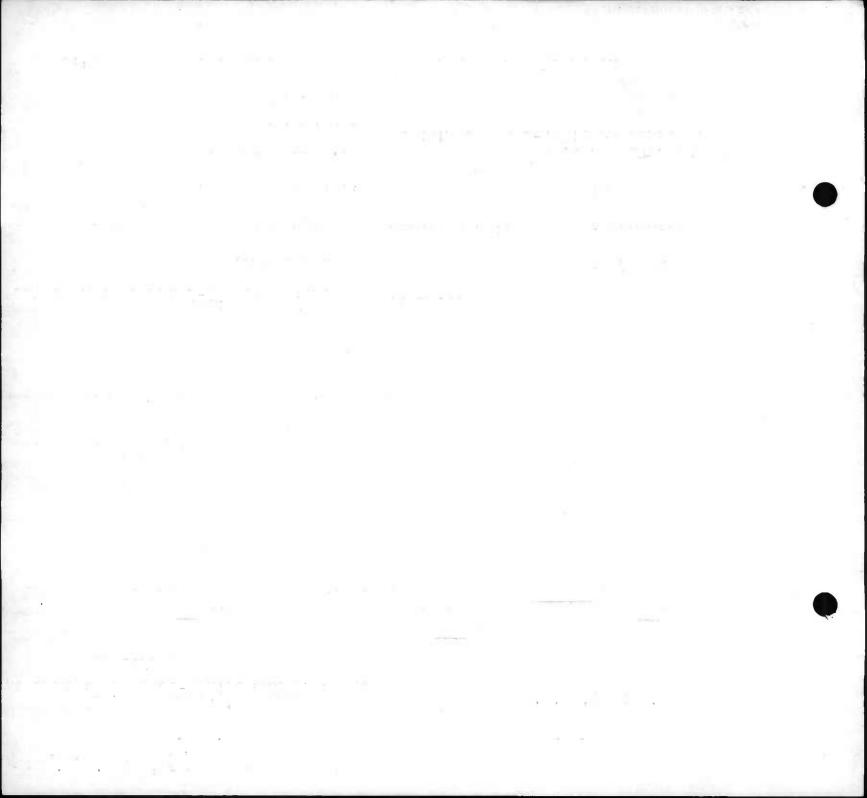


FUNERAL DIRECTOR: IMPORTANT	9
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	contributing cause of death termined cause; (5) Deceased regular attendance on the caused prior to death. Such is made.

0	00.	5392 CEDITIELS	TE OF DEATH	REG. NO.	68- 539	12
BIRT	TH NO.	CERTIFICA	TE OF DEATH			
	DE OF DECEASED			HOUR OF DEATH		
Пур	HARRY CLAY	Y HARVEY SR	MAY	22 1968	6:30	P M.
3. P	PLACE IN BALTIMORE, MARYLAND, WHI	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE 8. COUNTY	deceased lived. If institu	tion: residence before adm	nission)
	LL NAME OF (IF NOT IN HOSPITAL)SPITAL OR ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET ON)	MARYLAND	Dalla C	D 3.6	0
ST AGNES HOSPITAL-CATON & WILKENS			CATONSVILLE YES NO DE STREET AND NUMBER			
						A
5. SE		MARRIED NEVER MARRIED	lo.	AGE (In years If st birthday), M	Under 1 Yr. If Under 2	24 Hrs. Min.
		WIDOWED DIVORCED	11 08 06	01		
	. USUAL OCCUPATION (Give kind of work 10 eduring most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	2. CITIZEN OF WHAT CO	UNTRY?
	WAREHOUSEMAN	DAIRY PRODUCTS	MARYLAND		USA	
13. F	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	f .		
	HARRY Harvey		MARY (MURRAY) Harvey		
15. V	Wos Deceosed Ever in U. S. Armed Forces	s? 16. SOCIAL	17. INFORMANT	,	ADDRESS	
(Yes,	s,na orunknown) (If yes, give wor or dates	of service) SECURITY NO.		ORDS-CATON		AVE
	NO	213100671 CAUSE OF DEAT		0 21229	APPROXIMATE INTE	
	(This does not meen the mode of dheart failure, asthenia, etc. It means the injury or complication which coused does not consider the course of the course o	eoth.) (B) JUE TO, OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: Forger fine hea	rescolar a		·41
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ATIO	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I	I (A). TION FOR WHICH OPERATION		20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?	
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MAI VS 150-REV. 1/1/68

Witzle Funeral Directors, Balto., Md. 21229



	BALTIMORE CITY HEALTH DEPARTMENT	0 5000
E-7	CERTIFICATE OF DEATH	8- 5393
	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 1. DSeph H. A. ROGAN 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 14. USUAL RESIDENCE (Where deceased lived. If institution: r	11 00 AM
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	
	HOSPITAL OR ADDRESS OR LOCATION) BON SECOURS* HOSPITAL BALTIMORE E. STREET AND NUMBER	NO .
l	507 NOTTINGHAM RD	
	5. SEX MALE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH North Nor	Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI One during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME	ZEN OF WHAT COUNTRY?
1;	LAWRENCE ROGAN ANNA VERNON	
1	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 216-36-0327A HARRY J. Devlin 604 Somers CAUSE OF DEATH	ADDRESS
4	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	30 min
	hoost foiluse, asthenia, etc. It means the disease, injust or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	10 days
	DISEASES OR CONDITIONS, if ony, giving ise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (B) VICTORIAN CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)	
	of ther significant conditions contributing to the Death But not related to the terminal disease or condition given in part 1 (a).	Years
	19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YEAR	CONSIDERED DEATH?
	U 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID Not of the place of the pl	e exoct locotian)
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? White At Not White Work 21 Work	
	22. I certify that W (this haspital) attended the deceased from MAY 18 1968 to MAY that W (we) lost saw the deceased alive on MAY 23 1968 and that in ma (our) opinion dec	
	ond hour and from the causes stated above. (We) (did) (did not) view the body after death. 23A. SIGNATURE	TE SIGNED
	Livery cilary abegree Phys. Attending Med. Director Phys. MA	4 23, 1968
	23C. PHYSICIAN'S NAME (Type) ADRIAN TILLARIA M. DEGREE BON Secres HOSP. Belt	inore Wed.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, REMOVAL (Specify) MAYNS/68 NEW CATHERDRAL BALLON BALLO	or county) (State)
	25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR 1 225 JUNESAL DIRECTOR 2000 SON	ADDRESS
ĺ	VS 150-REV. 1/1/6B	



IMPORTANT

DIRECTOR:

FUNERAL

	rh NO.		000	* CERTIFICA	TE OF DEATH			
NAME OF DECEASED Type or Print)						ND HOUR OF DEATH		
7,		Rose E.	Cownsley		May	21, 1968	M.	
3. 1	LACE IN BALT	MORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived, tf in	nstitution: residence before admission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION				and the second second	Maryland C. City Or Town			
			VICE VICE		Baltimore		YES X NO	
9	V Uni	versity Hospi	ital		E. STREET AND NUMBER			
5					650 Washingto	n Blvd		
. s	EX	6. RACE	7. MAPPIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.	
	Forela	1.7	WIDOWED	DIVORCED	Aug 15 1906	lost birthdoy)	Months Doys Hours Min.	
ń.A.	Female	W PATION/Give kind of work			Aug. 15, 1896	ion country)	12. CITIZEN OF WHAT COUNTRY?	
		orking life, even if retired)	TO BE KINED OF	DOSINESS OR INDOSIRI	TITE BIRTH EACE (SIGNE OF TOTE	rigii coomiy		
	Non	е			Pennsylvania		U.S.A.	
3.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME		
	Charles	Cramer			Alice Cramer			
5. Yes	Nas Deceased ,no or unknown)	Ever in U. S. Armed Fore (If yes, give wor or dote:	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	650 Washing	ton Blvd.	
	No			219-05-0311	Mr. James O. I		Balto, Md. 21230	
	1B. / / /	0		CAUSE OF DEATH		,	APPROXIMATE INTERVAL	
	DISEASI	OR CONDITION DIR	ECTLY		// ~ /		BETWEEN ONSET AND DEATH	
		EADING TO DEATH			. thute love	ern scelus	non instorma	
		t mean the made of		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	A		
		isthenia, etc. It means		/	12/5	EVA		
		jury ar camplication which caused death.)						
	A	ANTECEDENT CAUSES (B) /fyzinferson.						
		ISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF						
		CONDITION last.	stating the	10 AM	oke Ras	m = (B) S-6 seas	
	1/24	1 11		(0)				
HOL		HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL						
CA	DISEASE OR CO	OPERATION 1198 CON		VHICH OPERATION	20A. AUTOPSY? (Yes or No	n) 208 IF YES WERE	FINDINGS CONSIDERED	
ERTIFI	O	WAS PERF		THE STERATION	2010131:1103 01 11	IN CERTIFYING CA		
CAL CI	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, of the control of the				n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Soltimo	re City, give exoct locotion)	
		(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?		
×	OF INJURY (APPROX.) While At Work At Work At Work				e 📄	/	,	
	22. L certify	2. I certify that (1) (this hospital) attended the deceased from 19 0 to 5 - 2 / 19 08.						
	10							
		ort (1) (we) lost saw the deceased alive on 5-2/ 19 6 and that in (my) (aur) opinion death occurred on the date						
	and the same of th	nd hour and from the couses stated above. (1) (We) (did) ((did not)) view the body after death.						
	23A. SIGN ATUR							
		Attending Phys. Director Phys. Staff Phys.						
	23C. PHYSICIAN	WS /	-/-	DEGREE	23D. ADDRESS			
Dr. Hiroshi Nakazawa 521 West Les				521 West Lexing	ton St Ba	lto. Md. 21201		
24.4	BURIAL CREA	AATION, 248. DATE	1./	DEGREE			ity, town, or county) (State)	
- , -	REMOVAL (S	5-24-68		dowridge Cemet		lto., id.	my way or county. (arole)	

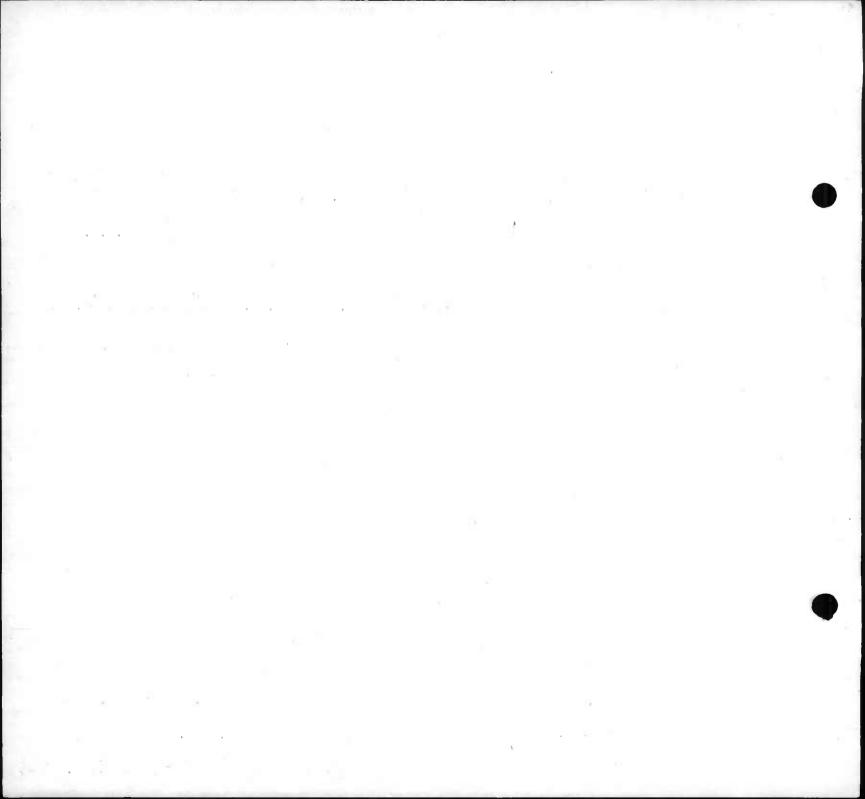
deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. was in regular the deceased or his assistant if death if the direct death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any at a hospital (except where the physician who pronounced Also, the chief medical examiner examiner. medical O the body was released to the hospital This certificate must be approved by wds D.O.A.

Burial
25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

Balto., "d. 25C. FUNERAL DIRECTOR

4101 Edmondson Avenuess Directors, Balto., Md. Witzka Fuherall



Such (5) Deceased death uo hospital eath. J o ance cause O canse; attend 9 0 prior contributing occurred Undetermined regular eceased death Was the 4 death CO attendance any pronounced 10 fracture regular × ho 3 = physician medical Mas medical physician Body the 0 the where hospital °Z nature; 9 approved (except and to the any

of Ö

certificate

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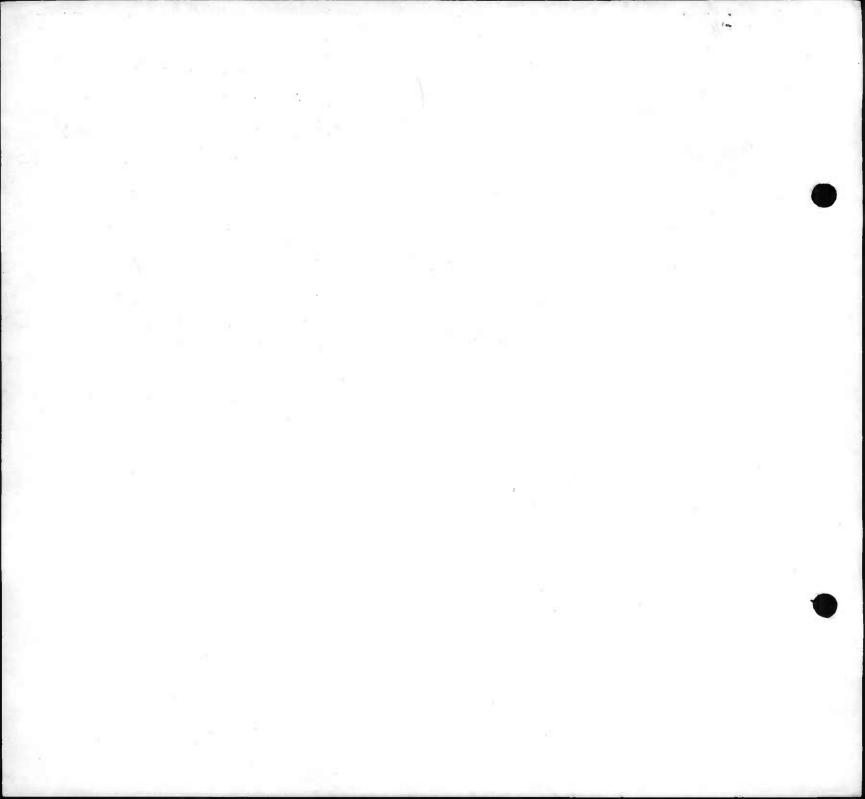
at

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o

Was

BALTIMORE CITY HEALTH DEPARTMENT REG. NO BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) 4. USUAL RESIDENCE (Where deceosed lived.) If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET **FULL NAME OF** HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR JOWN INSIDE CITY LIMITS? NOSF NO X E. STREET AND NUMBER made. 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. 6. RACE 7. MARRIED NEVER MARRIED lost birthdoy Haurs 20,68 0 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHELACE (Stote at foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of warking life, even if retired) NEWBORN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANI ADDRESS fina (Yes, no or unknown) (If yes, give wor ar dates of service) SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVA 0 1B... BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 2)C med LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE O hearl failure, asthenia, etc. Il means the disease, emba injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF are DISEASES OR CONDITIONS, if any, the above couse (A) stating the UNDERLYING CONDITION last. remains 11 754.7 ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) the CERTIFIC 20A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work 22. I certify that (I) (tals haspital) attended the deceased from 20 m A MAL 100 19 and that in (my) (our) apinian death occurred on the date that (1) (we) lost sow the deceased alive an be death) and hour and fram the causes stoted above. (1) (We) (did) (did nat) view the bady after deoth. must 23A, SIGNATURE 23B. DATE SIGNED Attending [Med. Staff 0 Director 🔲 Phys. approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) KOSKIN ENN ET E HNIV DEGREE deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DE 25G/-FUNERAL DIRECTOR



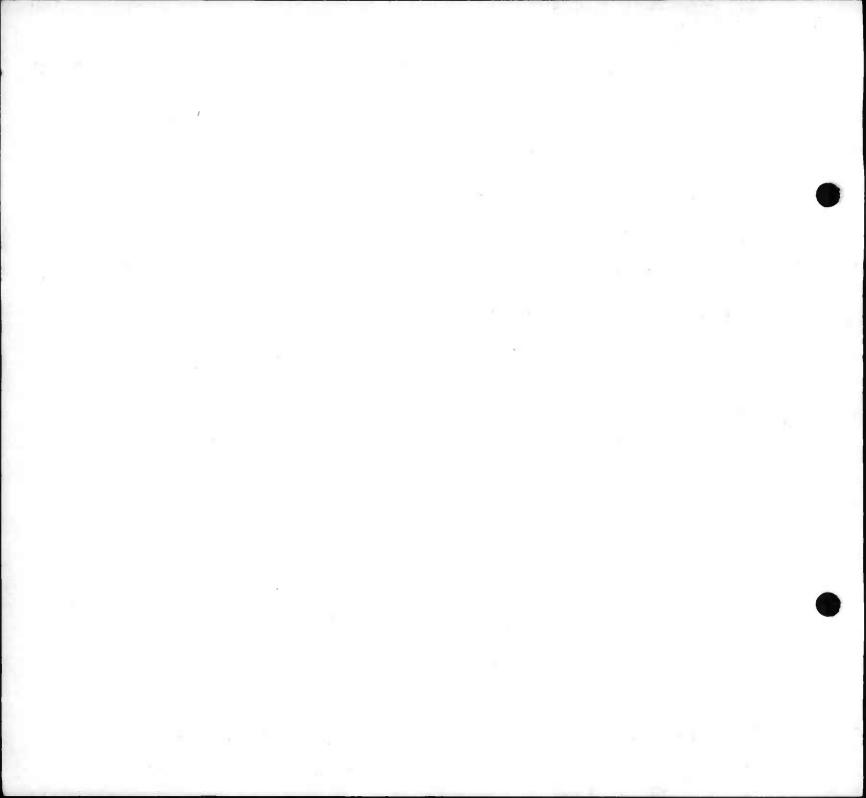
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BALTIMORE CITY HEALTH DEPARTMENT

REG NO

68- 5396

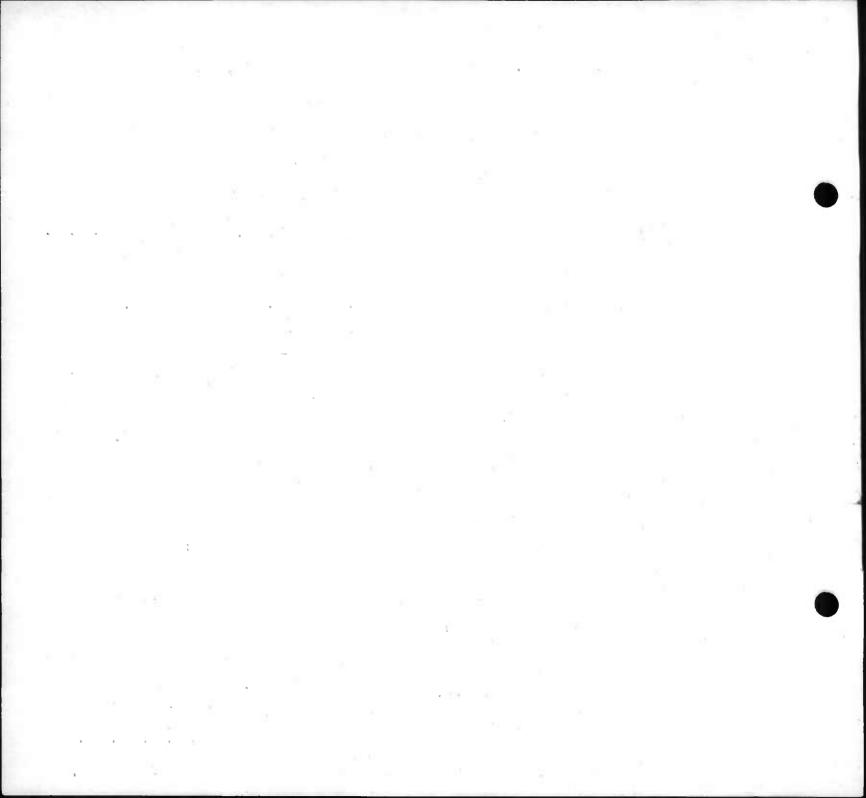
	H NO.	ATE OF DEATH
	AME OF DECEASED	2. DATE AND HOUR OF DEATH
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
	T NAME OF THE NOT IN TOTAL OF INTERIOR CIVE STREET	A. STATE B. COUNTY
10	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN
	M) Pu O Hopitel	Beltimore YES V NO
4	great 100 pron	218 S. Pasnish Street
. 51	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min,
	WIDOWED DIVORCED	8/11/12 55
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY:
3. F	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Clyde Null	Vergy Wolf
ies,	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
_	213-12-0612	HARRY CHANNUL VISS. PARRISH ST
	1B. CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(1)
	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	/ / /
	ANTECEDENT CAUSES	issues to liver hour
	DISEASES OR CONDITIONS, if ony, giving DUE 10, OR AS	S A CONSEQUENCE OF:
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	MAXY GYTEVIES GOYTA
-	(C)	
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
4	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CEB	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, or	in or obout 21 C. WHERE DID (II in Baltimare City, give exact location) office bldg., INJURY OCCUR?
ZA	DEATH (notify medical examiner) etc.)	
	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
2	(APPROX.) While At Work At Work	
	22. I certify that (I) (this haspital) attended the deceased from	5/17/ 1960 to 5/23/1960
	that (1) (we) last sow the deceased alive on 5/3	3 1965 and that in (my) (our) opinion death occurred an the date
	ond hour and from the couses stated above. (1) (We) (did) (did not)	view the body ofter deoth.
	23A. SIGNATURE	238. DATE SIGNED
	01	tending Med. Stoff
	23C. PHYSICIAN'S	23D. ADDRESS
	NAME (Type) S. SWAROOP	Mol. Jen Hoppilal
4A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE	
1	Supial My27/68 houden Park	Bable MM
25 A	DATE REC'D BY HEALTH DEFT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MANY OF TORS IN B. 44 CRITICAL	with HICIEd mondeon AK



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and A the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. 1 (1 5 t 1

	0	8- 0	CERTIFICA	TE OF DEATH	REG. NO	68- 5397
IRTH NO.					D HOUR OF DEATH	
Type or Print)	-	L.	Solomon		22, 1968	1
PLACE IN BALT	IMORE MARYLAND, W			4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)
				Maryland	11	
OSPITAL OR	ADDRESS OR LOCA		TITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	DE CAX LIMITOR
NOITUTION	South Bolt	imama	Canamal Ham	Baltimore		VEST NO
43	South Dale	THOLE	General Hosp	E. STREET AND NUMBER		
				1632 S. Char	les Street	21230
. SEX	6. RACE	7- MARRI	ED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs Min.
Female	White	WIDOW	ED DIVORCED	April 4, 1891	77	
	JPATION (Give kind of work vorking life, even if retired)	10 B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housew		A.	t Home	Sandy Hook, M	d.	U. S. A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN NAM		
	Unknown	T-na		Lydia Ann	Parmo	
	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Tayrie	ADDRESS
No	(If yes, give war or date	es of servic	e) SECURITY NO.	Mr. Harvey J. S	olomon 163	32 S. Charles St
18.	0 1 1		CAUSE OF DEAT		OTOHOH 10	APPROXIMATE INTERVAL
PT 1 2	E OR CONDITION DI	DECTIV				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	KECILI		AntonioGool	amatia has	m#
	at mean the made of		·9· DUE TO, OR AS	USE Arterio - scl A CONSEQUENCE OF: A:	sease	LE U
	asthenia, etc. It means plication which caused		se,	QI.	26026	
	ANTECEDENT CAUSES			Umantanaia	-	
	R CONDITIONS, if		(B)	Hypertensic S A CONSEQUENCE OF:	М	
rise to the	abave cause (A)					
UNDERLYING	CONDITION last.		(c)			
4443	< II		_			
	ICANT CONDITIONS CO H BUT NOT RELATED TO T					
DISEASE OR C	OPERATION 198, CON		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
	WAS PER				IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
21A. ACCIDEN	T WAS UNDERLYING		21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimare	City, give exact lacotion
	medical examiner		home, form, factory, street, e etc.)	office bidg., INJURT OCCUR!		
21 D. TIME	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			While At Not Whi			
			Work Al Work	4	= /e	20.700
					,	22/6819
that (I) (Swall)	lost saw the decease	ed alive a	n 3/21/68	19and th	atin (my) (26026) opin	ian death occurred on the dote
and haur one	from the couses sto	ted above	· (I) OKOK (did) OKOKOKOO	view the body ofter deoth.		
23A. SIGNATU	RE	0)	//	was - was -		23B. DATE SIGNED
Sa	mull	Ku	DE GREE Ph	ending Med. Director	Staff Phys.	5/22/68
23C. PHYSICIA	N'S Commol	Dubis	2 16 70	23D. ADDRESS 203 E	. Patapsco	Avenue
	Samuel Samuel	MUDII	1, M.D.		more, Md.	
AA. BURIAL CREA	MATION, 248. DATE	240	NAME of CEMETERY OF CE			y, town, or county) (State)
Burial	5 25 6	8	Cedar Hil	1 R	rooklyn, A.	A. Go. Md.
	BY HEALTH DEPT.		E OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS
l. N	AY 2 4 1968	M. DE.	BOE Standard	0 5 % Chi?	130 E	. Fort Ave.
'S 150-REV. 1/1/6		NO MORNING			3,00	T TOTAL MANAGEMENT

BALTIMORE CITY HEALTH DEPARTMENT



)-	353
	proved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death ny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
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	ospi se o 5) D ince
	se; (se; fo
	dan cau
	ned ned plar ade
	occu ontri ermi regu regu sase
	or condet
	was was was posi
Z	dir dir di, (4)
RTA	the the kin de nce
0	is as any any anda
₹	Also Also nour atte
FUNERAL DIRECTOR: IMPORTANT	oproved by the chief medical examiner or his assistant if death occurred the hospital by a medical examiner. Also, if the direct or contribution any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (except where the physician who pronounced death was in regular; and (6) No physician was in regular attendance on the deceased probtained before the remains are embalmed or final disposition is made.
5	A fr A fr A fr A fr
IRE	al ex (3) an v
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RA	me me hy bu ph) ph)
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II.	the all b; (2); (2) bere lo pl
	d by sspit ture twf twf 6) N
	y na y na kcep nd (
	appire the the fan fan (e)
	sed sed spita eath ust k
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	An a at crior
	JY W
	s ce books: s D. ceas
	the the sho

	68- 5	398 BALTIMORE CITY			REG. NO.	68- 5398
BIRTH NO.		CERTIFICA	TE OF	DEATH	KEG NO.	90 0000
1. NAME OF DEC				_	HOUR OF DEATH	/ 10 5
(DDENDHAL, Henry Le		II. Henna B	5-19		6:40 P M.
FULL NAME OF HOSPITAL OR	TIMORE MARYLAND, WHERE PR (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION) Veterans Administr	NSTITUTION, GIVE STREET	MARYI C. CITY OR 1	AND B. COUNT	Balt G	DE CITY LIMITS?
atom.	3900 Loch Raven Bo		E. STREET A	ND NUMBER		YES NO
90	Baltimore, Marylar	nd 21218	3803	Coronado	Road	
5. SEX	6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF		. AGE (In years ost bigthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.
Male	Caucasion WIDO		1-12-	99	69	
	UPATION (Give kind of work 10 B. KIN working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Sheet Me	tal - W.S. Gro	work ment	Norfo	llon Va.		U. S. A.
13. FATHER'S NA	ME		14. MOTHER	'S MAIDEN NAM	E	
John M.	Odendhal.		Anna	O. Staler		
1S. Was Deceased (Yes, no or unknown	Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMA	VA Hos	ital Record	S ADDRESS
Yes	5-27-17 to 6-25-1					imore, Md 21218
(This daes hearl failure, injury ar cor DISEASES rise la th	LEADING TO DEATH nal mean the made of dying, asthenia, etc. Il means the dis mplication which caused deoth.) ANTECEDENT CAUSES OR CONDITIONS, if any, g e abave cause (A) stating G CONDITION lost.	(B) Chroni	ISE dis A CONSEQUE	ease NCE OF:	tic heart	2 years ease 1 year
TO THE DEA	FICANT CONDITIONS CONTRIBUT TH BUT NOT RELATED TO THE TERMI CONDITION GIVEN IN PART 1 (A).	NAL	100.4			
19A. DATE OF	F OPERATION 198. CONDITION WAS PERFORMED			OPSY? (Yes or No)	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C	WHERE DID URY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While At Work		HOW DID INJU	IRY OCCUR?	
that X) (we and haur an 23A. SIGNATI	ANS (type) ARRY A. PORTNEY, A MATION, 248, 9ATE Specify 5/22/68	on May 19, ve.XX (We) (did) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	iew the bad	Med. Director 3900 Lo	Shoff (aur) apir (bhys. Carlon Raven Bo	238. DATE SIGNED 5-20-68 puevard
VS 150-REV. 1/1/	68	BIO C. MILLOWIN	1,00	1	Ca.	-dal (Stime

Tall and the evaluation (=) (,-.1-1 A. Finitalian COMMON DECEMBER.

Landa Tanan Landa T

tracked statement business

to father MD

Kening Sugar

DR WILSON OF THE BODY OF HARRY LURZ HAS BEEN RELEASED ON APPROVAL

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and THE MENERAL GIRBLETIGER SMPTORIFIENT

S Z	CERTIFICA	TE OF DEATH REG. NO.	- 68 - 5399 -
se th	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
S	(Type or Print) Haves J. Lurz	5-17-68	10:55 PM
+ Dot	3. PLACE IN BALTIMORE, MAILYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If instit	ution: residence belore odmission)
5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Med Battemon	0/3-00
da c	HOSPITAL OR ADDRESS OR LOCATION)		CITY LIMITS?
Ly Se Ly	Johns Hopkins Haspital	Ballemore	ES NO
10.0	22	751 W. Halls Pare	A
de de	23		
00000	S. SEX	B. DATE OF BIRTH 11-05-92 9. AGE (In years lost birthdown)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
rmi regu ase is m	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
ete ete	done during most of working life, even if retired)	R-An - Mad	
or or it	gradical nurse ->	Callemone out	U.S.
way	PS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
dire	George Cury	Ellamore jo	als .
- 0 d d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates at service) SECURITY NO.	17. INFORMANT	ADDRESS DECA-
the ded nce	no \$20-24-7555	hace gar	me decel des
if and	18. CAUSE OF DEATH	Ä	APPROXIMATE INTERVAL
d d	DISEASE OR CONDITION DIRECTLY	0-	2-6
Als aft	(This does not mean the mode of dying, Out TO, OR AS		Jory
par pro	heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	A CONSEQUENCE OF:	
ac ac		nacture (R) Fame	1 5 aland
tho ho	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	9-2-90
3) / W	rise to the above couse (A) stating the	a usinome la	- 1 ym
ins	UNDERLYING CONDITION last.		
rns sic wa	Z ATHER SIGNIES AND CONDITIONS CONTRIBUTING	V	
be bu bu hy re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGNIFICANT CONDITION SIVEN IN PART 1 (A).		
a nody he p sicic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	DINGS CONSIDERED
Bo th hys	WAS PERFORMED 5	YES	S OF BEATH:
42500	OR CONTRIBUTING CAUSE OF DEATH (notily medic examiner) 21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	n or obout 2 C. WHERE DID (If In Baltimore C	ity, give exact location)
he No		751 W. Hulls	1 seway 3300
sp tur (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED (While At Not While	21F. HOW DID INJURY OCCUR?	
ho ho	(APPROX.) 5-12-68 While At Work At Work	foll	
ny exc an	22. I certify that (I) (this haspital) attended the receased from	May 12- 1968 to the	4/7 1968
, (e	that (1) (we) lost saw the deceased alive on	19 6 ond that i (my) (our) opinion	n death occurred on the date
dent of death death must b	and hour and from the causes stated above (1)(We)((did))(did not) v	riew the body ofter death.	
eased ident o hospita death must k	2 ASIGNATURE 2000 1916 1 2010	23	BE, DATE SIGNED
ccid a ho to al n	Aug Willand Mile frame Atte	onding Med. Staff s. Director Phys.	5-17-68
5 re	23 PHYSICIAM'S NAME (Type)	23D. ADDRESS	7 M -
y was r 1) An a 3.A. at a d prior	TAMES WILLARD MILGRAM	601 n. walkedwa	Balto 5 Wd
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MAATORY 24D. LOCATION (City	lown, or county) (State)
D.O.D.		ark Bala	O.)UC.
the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	Charles ADDRESS COCK
±4 × 4 ×	MAY 2 4 1968 (RUC. & S. H. D. C.	Xorning Byers Rai	elellatory W
	VS 150-REV. 1/1/68 8 0 1		

BALTIMORE CITY HEALTH DEPARTMENT

Collen W Practical more Ellama. George Lang Rusca Form more [wastern & Feering 791 12 Holder Paris 45-51 7 James Willard Willy won July TAMES WILLARD HUCRAM GOI IN BORDON

a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

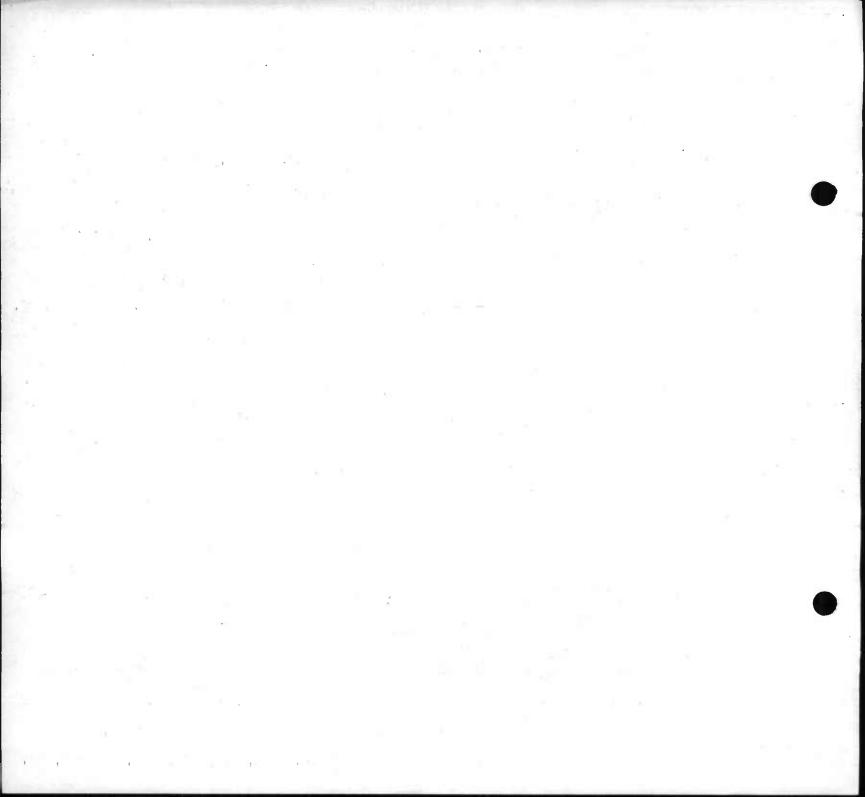
This certificate must be approved by the chief medical examiner or his assistant if death occurred in

	CITY HEALTH DEPARTMENT
K-623 68- 5400 CERTIE	ICATE OF DEATH REG. NO. 68- 5400
DIRITI NO.	
(Type or Print) OTTIE KIRKNOOJ	2. DATE AND HOUR OF DEATH 5 22 68 4 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltimore City Hospitals	Dundalk YES NO X
4940 Eastern Ave.	E. STREET AND NUMBER
Baltimore, Maryland # 21224	815 Jeannette Ave. # 21222 005
SEX 6. RACE 7. MARRIED NEVER MARRIE	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Female White WIDOWED DIVORCE	
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND one during most of working life, even if retired)	USTRY 11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife	Maryland U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Le Brun	Mary Boston
i. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT # 21224
No 213-07-5207 D	BCH; Records 4940 Eastern Ave. Baltimore, Md
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tast. (B)	DR AS A CONSEQUENCE OF:
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, form, foctory, street.)	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct location) lnJURY OCCUR?
	D 21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this haspital) attended the deceased fram	
5/52	
that (1) (we) ast saw the deceased alive an	19 and that (n(my) (aur) opinian death accurred an the da
and haur and fram the causes stated above. (1) (We) did) (
23A. SIGNATURE	Attending Med. Staff S
DEGRE	Phys. Director Phys. 19122100
23C. PHYSICIAN'S NAME (Type)	Baltimore City Hospitals
M. Jaffee, Md.	4940 Eastern Ave. Baltimore, Maryland #21224
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
Burial 5/25/68 Meadowridge M	Memorial Park Dorsey, Maryland
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 2 4 1968 AZ 02 162 Stalley	John J. Auda, 7922 Wise Ave. Dundalk, Md.

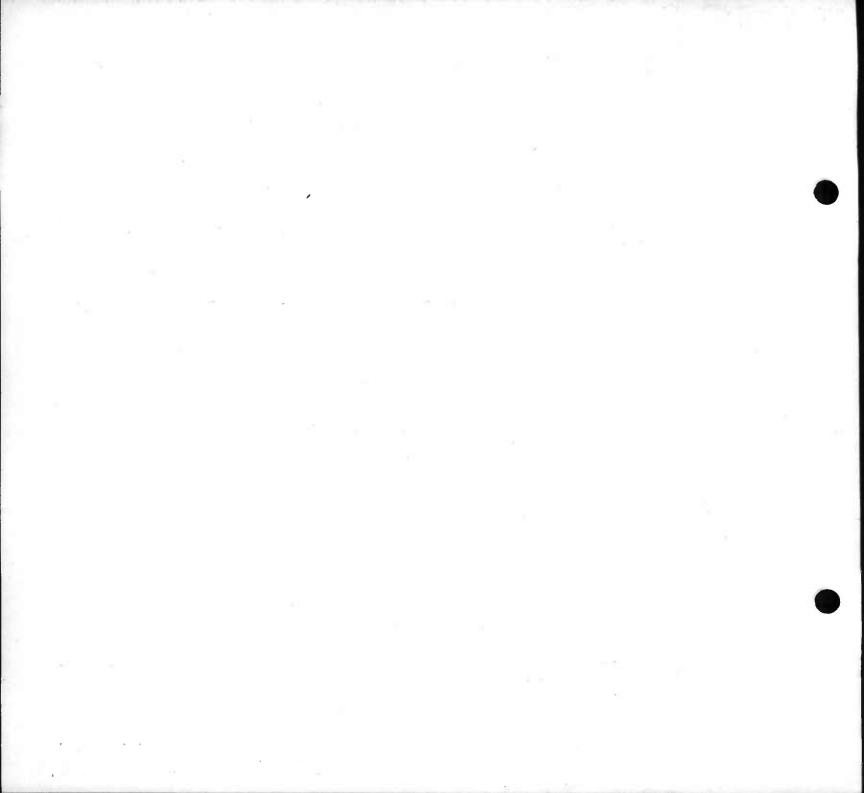
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John J. Juda

2 4 1968

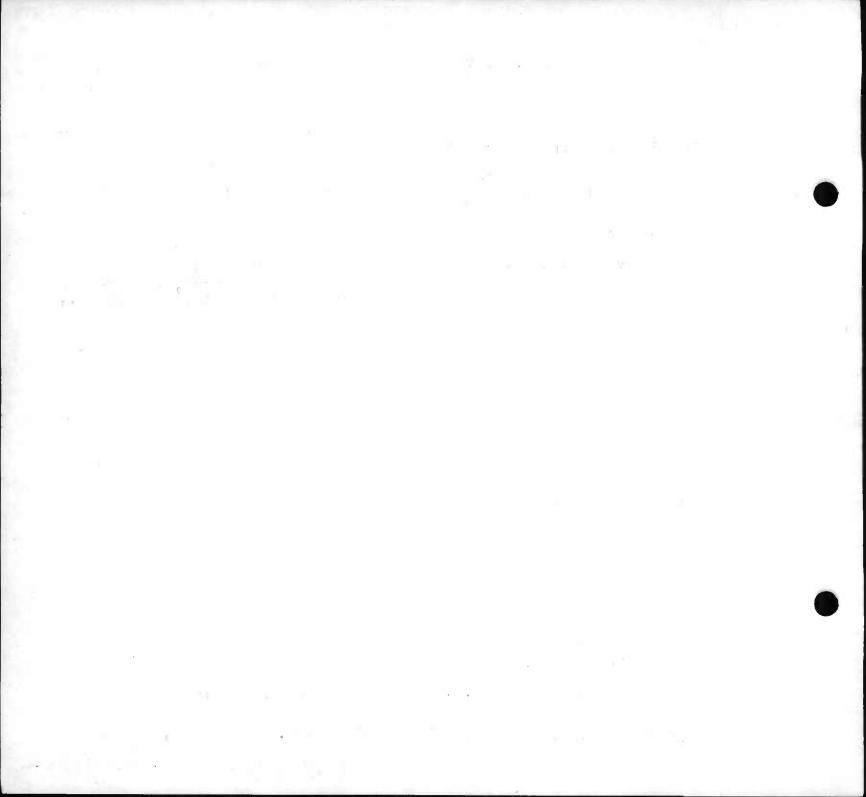


	TY HEALTH DEPARTMENT
68- 5401 CERTIFICA	ATE OF DEATH REGINO. 68- 5401
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Pant) GRACE TURNER	5.21.68 16 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE, B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
11/-1	DOENTON YES NO X
9 Sutherau Hornichel	E. STREET AND NUMBER
surrelace 1105/4/20	BOX 1252 DOENTON Rd
Female 6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 3. 26. 05 62 Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTE	
done during most of working life, even if retired) 13. FATHER'S NAME Samuel Knight	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Knight	Rebecca (last name unknown)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no 217-56-3861	Herschel B. Turner - same as #4 above
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF:
injury or complication which caused death.)	1110
ANTECEDENT CAUSES	CVD
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoting the	AS A CONSEQUENCE OF:
	lberes
UNDERLYING CONDITION IOSI. 260 × II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	montosty velle bilical
DISEASE OR CONDITION GIVEN IN PART I (A).	28A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED
5-11-08 WAS PERFORMED WHICH OPERATION WAS PERFORMED INCOME.	28A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
	21F. HOW DID INJURY OCCUR?
₩ OF INJURY (ARRENOY) While At Not WI	nile —
22. I certify that (Mathia haspital) attended the deceased from	5:11 1968 105:21. 1968,
ond hour and fram the couses stated obove. M (We) (did) (did (did))	
ond hour and fram the couses stated obove. M (We) (did) (did) (did) (did) (did)	thending Med. Stoff Stof
OEGREE	iys. — birector — ritys. —
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
E PAFEL DEGRE	ie.
Burial 5/24/68 Glen Haven Cem	ctery Glen Burnie A.A. Md.
Burial 5/24/68 Glen Haven Cem 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Beverley E. Hopping Smaller & Horms
MAY 2 4 1968 P. D. & B. Balley MA	HOPPING FUNERAL HOME - Annapolis
VS 150-REV, 1/1/6B	



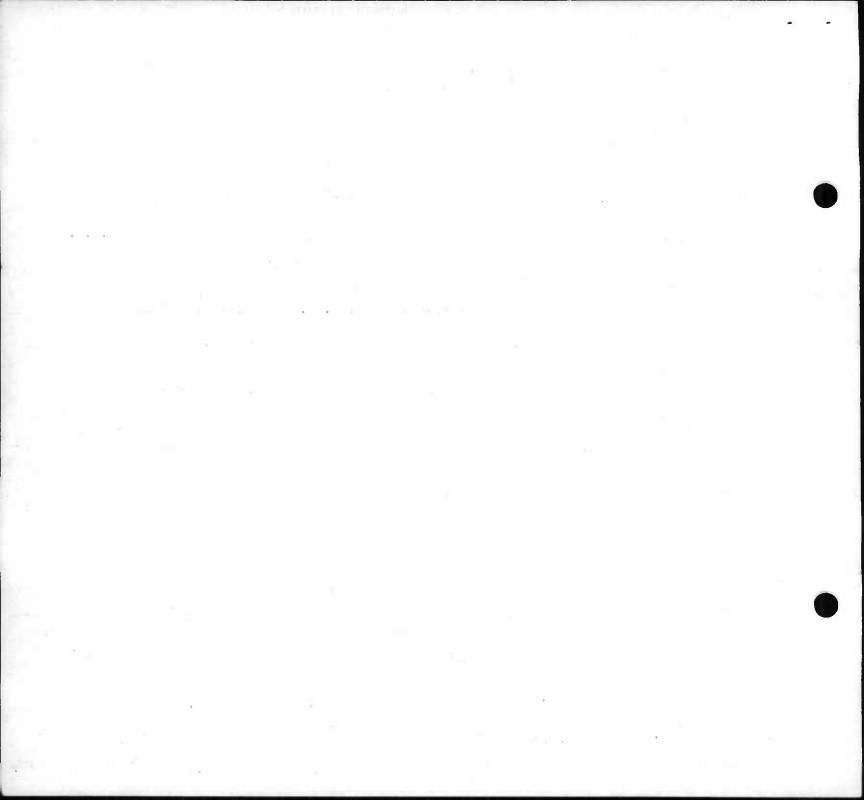
150-REV. 1/1/6B

68	- Dalle	ATE OF DEATH REG. N	68- 5402
BIRTH NO.	CERTIFICA		
1. NAME OF DECEASED (Type or Print) ROSE	L. CLAY	2. DATE AND HOUR OF D	4:00 PM
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution; residence before admissi
FULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOCK INSTITUTION	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN	. INSIDE CITY LIMITS?
OTHE JOHNS HOPKIN	S HOSPITAL	NEWARK E. STREET AND NUMBER	YES NO X
2)		9 LITTLE EGYPT R	
FEMALE WHITE	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In year lost birthdoy) 9-8-06	s If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired) Housewife		RY 11. BIRTHPLACE (State or foreign country) Kentucky	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ASBURY STIDMA	N	ELIZABETH ALLEN	
IS. Was Deceased Ever in U. S. Armed Fo	orces? 1 6. SOCIAL		k, Delaware Ress
(Yes, no or unknown) (If yes, give wor or do	les of service) SECURITY NO.	Arvill Clay 9 Lit	tle Egypt Rd.,
DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	stating the (C)	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION OF CONDIT	THE TERMINAL ART 1 (A).	[20A. AUTOPSY? (Yes or No)] 20B, IF YES,	
WATER	RFORMED enellygene Careins [21B. PLACE OF INJURY (e.g		WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
DEATH (notify medical examiner)	etc.)		
21D.TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	While At Work At Wo	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospite that (D (we) lost sow the decease	1/1/2		Mac 21 19 68 r) opinion deoth occurred on the d
23A. SIGNATORE	MO A	Med. Shaff Director Phys.	23B. DATE SIGNED 5-21-68
23C.PHYSICIAN'S NAME (Type) Coy F	REEMAN M.D.	THE JOHNS HOPKINS	S HOSPITAL
24A. BURIAL CREMATION, REMOVAL (Specify) 5/24/	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (Stote rk, Delaware



FUNERAL DIRECTOR: IMPORTANT

	BIRTH NO. 68- 5403 CERTIFICATE OF DEATH REG. NO. 68- 5403							
deat cease on th	1. NAME OF DECEASED (Type or Print) LIPMAN. Shirley 0.							
se; (5) December of (5) Decemb	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) FULL NAME OF ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET BALTIMORE 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE MARY LAND C. CITY OR TOWN BALTIMORE YES X							
ting d cau r att	SINAI HOSPITAL E. STREET AND NUMBER 4007 FORDLEIGH ROAD							
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min. Months Doys Min. Months Doys Min. Months Doys Min. Months Do							
or con ndeteri s in re decea	TIOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if refired) HOUSEWIFE AT HOME LONDON, ENGLAND U.S.A.							
e approved by the chief medical examiner or his assistant if d if to the hospital by a medical examiner. Also, if the direct of any nature; (2) Body burns; (3) A fracture of any kind; (4) U tal (except where the physician who pronounced death wath); and (6) No physician was in regular attendance on the the obtained before the remains are embalmed or final dispos	13. FATHER'S NAME MORRIS ORLOVE 14. MOTHER'S MAIDEN NAME DORA KABIK							
	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) NO 16. SOCIAL SECURITY NO. 218-10-2695 MR. E. R. LIPMAN. 4007 FORDLEIGH ROAD							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, astheria, etc., it means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost, (C).							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DESEASE OR CONDITION GIVEN IN PART 1 (a). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout on or contributing cause of DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hourt 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?							
	OF INJURY (APPROX.) While At Not White At Work At Work 22. A certify that (I) (this haspital) attended the deceased from 19 to 19							
	22. I certify that (I) (this haspital) attended the deceased from 19 to 19 that (I) (we) last saw the deceased alive an 19 and that in (my) (ext) apinian death accurred an the do and have and from the causes stated above. (I) (We) (did) (did not) view the bady after death.							
must be a eleased to ccident of a hospital to death)	23A. SIGNATURE DEGREE Attending Med. Staff Director Phys. 23B. DATE SIGNED							
was r was r A. at a prior	23D. ADDRESS NAME (Type) MILTON B. KIRSH DEGREE 4000 W. NORTHERN PKWY. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
This certif the body shows: (1) was D.O./ deceased written a	BURIAL 25A. DATE REC'D BY HEALTH DEPT. MAY 2 4 1968 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION City, town, of county (Stote) BALTIMORE, MARKLAND 25C. FUNERAL DIRECTOR SOL LEVINSON 36 BROS., 6010 REISTERSTOWN RD.							
41707	VS 150-PEV 1/1/68							

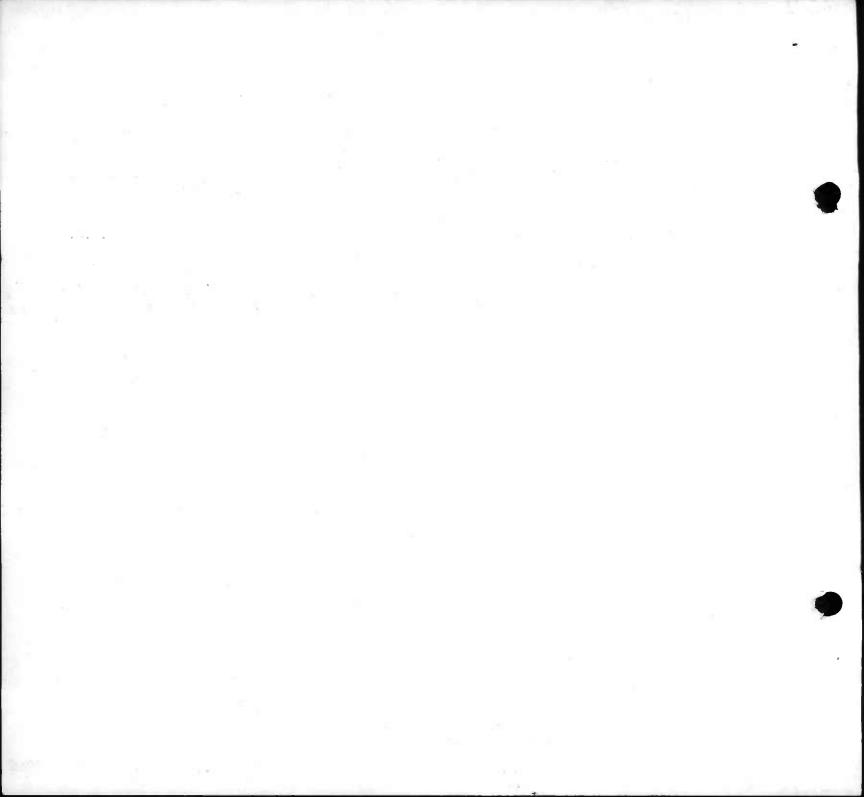


BROS., 6010 REISTERSTOWN RRAD

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VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

00 54	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5405
68- 54	JO CERTIFICA	TE OF DEATH	REG. NO.	00 0100
I. NAME OF DECEASED			D HOUR OF DEATH	·
(Type or Print) WASHINGTON, AUS	TIN	22H1	4 68	1245 A. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE When	e deceased lived. If ins	tilution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET	4009 Jan	ing for K	A #1/ Bulty
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
42 SINAI		E. STREET AND NUMBER	14	YES NO
12 0/10A1		L. SIKEET AND NOMBER	13	
S. SEX 6. RACE 7. MARRIED	NEVER MARRIED		AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M WIDOWED,		10-10-88	ost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)		BALTO		U.SA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	0(12)
George WASh. NATE	2	Maguet	lonroe	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	101410	ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	Elaine Mo	RRIS 40	709 BARRINGTON
18. 7 6 2	CAUSE OF DEAT		K-60 70	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		05		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE GI BLEKDING	ETICL.	?
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	~~ \$\\ \phi \cdot \	
injury or complication which coused death.)		7 4 1		2
ANTECEDENT CAUSES	(B) SEPTIC	EMIA? & DEHY A CONSEQUENCE OF:	ORATION	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the				7
UNDERLYING CONDITION IOSI.	(c) CHRONI	c CRL ULCERS		
z 715X II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	,			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CAL	ISES OF DEATH? NO
U 21A. ACCIDENT WAS UNDERLYING 21E OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(tf in Boltimore	City, give exoct locotion)
DEATH (notify medical examiner)				
OF INSIDY	INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
(APPROX.)	nile At Not Whi			
22. I certify that (h) (this hospital) attended to	he deceased from 2	1MA468 1	9 ta 22	MAY 68 19
that (we) lost saw the deceased alive an	21 MAY 68	19ond the	ot in((our) opin	nion death occurred on the date
and hour and from the causes stated above. (I) ((did) ((did) (riew the body ofter deoth.		
23A. SIGNATURE				23B. DATE SIGNED
parently letter	DEGREE Att	ending Med. Director	Staff Phys.	22 MAY 68
23 C. PHYSICIAN'S NAME (Type)	DEGKEE	23D. ADDRESS	-	
BARRY M. POTTER. M.	D. DEGREE	SMAI HOSP		
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CR	EMATORY 24D. LC	CATION (Cit	y, town, or county) (State)
BURIAL 5-24-68 M	T. Aubur	N	DA HO.	Md.
25Å. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
MAY 9 4 1000 A DOLL	B. Fr.	MORTEND	DuoTI 1	101 LAURENS

101

LAURENS

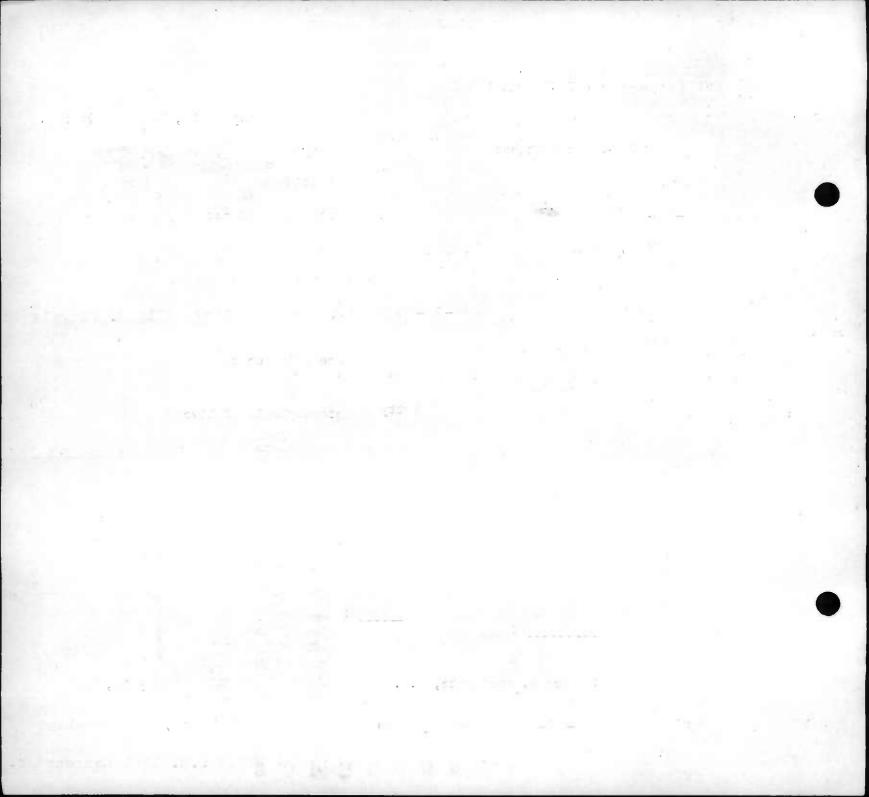


68- 5406 BALTIMORE CITY HEALTH DEPARTMENT

68- 5406

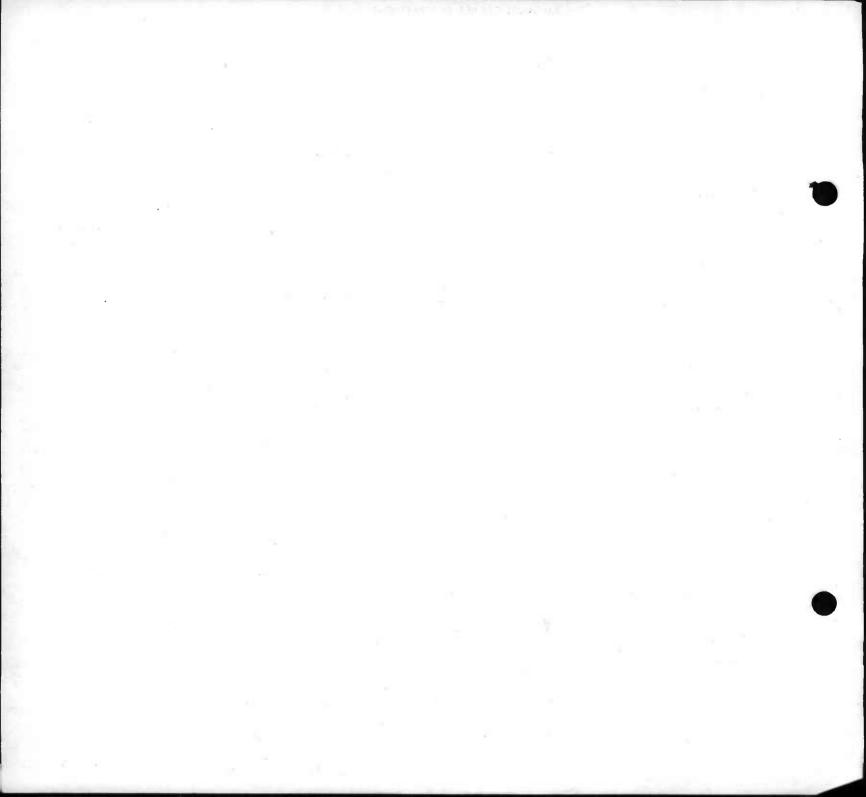
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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BIRTH NO.		.,,							REG. NO)		
NAME OF DEC						2. DATE	Known 🔲	Month	Day	Year	Hour	
ype or Brint).	er)	KAISEI	R E MC	FADDE	N	OF DEATH	Estimoted					м.
PLACE IN BAL		RYLAND, V	VHERE PR	ONOUNCED	DEAD	3. DATE		Month	Doy	Yeor	Hour	141,
ULL NAME OF OSPITAL OR INSTITUTION	(IF NO ADDRE	TIN HOSPITA	AL OR INST	TUTION, GIVE	STREET		RESIDENCE (When	May		.968	7:15	
	212 S.	Eutaw	Stree	t		A. STATE	Maryland		. COUNTY		perore dums	
. SEX	7. RACE		B. MARRI	ED NEVE	R MARRIED	C. CITY C	OR TOWN	1	DONSIDE	LIVILIMITS?		
Male	Neg	gro	WIDOW	ED 🗌	DIVORCED		Baltimore	7		YES X	NO 🗆	
1-19-		10. AGE (I	n years		If Under 24 Hrs. Hours Min.	E. STREET	311 Sharp	Street				
1. BIRTHPLACE (S			1	2. CITIZEN WHAT CO		13. FATHI	R'S NAME					
Summert				why! &			JESSE MC		1			
4A.USUAL OCCU	JPATION (Giv working life, ev	e kind of wark en if retired)	14B. KIND	OF BUSINES	S OR INDUSTR	Y 15. MOTH	IER'S MAIDEN NA					
N/A							HATTIE	MCFADI	DEN			
6. WAS DECEAS	ED EVER IN	U.S. ARMEI	OF SERVICES	17. SO	CIAL LIRITY NO	IB. INFO	RMANT			ADDRESS		
03, 110 01 0111110 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	wor or doles	or service,	248	-32-890	5 Mrs	. Caroly	n Wile	ev 27	718 W.	Lany	ale
19.	(0)			(CAUSE OF DEA	TH			7	A	PPROXIMATE IN	ITERVAL
DISEAS	r on could	ITIONI DIDE	CTIV							DE	WEEN ONSET A	NO DEATH
	LEADING TO		CILY			P	neumonia d	ue to				
(This does n	not mean the	mode of dy	ying, e.g.,		(A) IMMEDIATE O	CAUSE	QUENCE OF:					
heart failure	e, osthenia, etc mplication whi	. It means the	e disease,		502 10, 0x	A0 A CO!10!	GOLITCE OI.					
			,		П							
	NTECEDENT				(B) Fatt	У М	etamorphos SEQUENCE OF:	is of 1	iver			
	OR CONDITI				DUE TO, OR	AS A CON	SEQUENCE OF:					
	NG CONDIT				(c)							
		11			(4/							
O THE DE	ATH BUT NOT	RELATED TO	THE TERMI									
	R CONDITION			OR WHICH	OPERATION W	AS PEREOI	MED			21 AUTO	OPSY? (Yes o	r No)
31			1101110111	OK WINCH	O. EKRITOR W	AS TENTO					es	,
✓ 22A. EXTER	ALAL CALLER	11146	- 1	OD DIAGE C	SE INITIDIZZ		Took william air	fif i m to	Circ		C 3	
UNDERLYING CA		TRIB-					1NJURY OCCUR?	(If in Baltimore	e City, give e	xact location)		
≥ 22D. TIME		Ogy) (Yea	r) (Hour	22E.1NJU	RY OCCURRED		22F. HOW DID IN	JURY OCCU	R?			
(APPROX.)				WHILE AT		WHILE	1.1					
23.				m. WORK	AIV	VORK						
I cert	tify that I h	eld on 1	Inquiry [Inspec	ction Au	tapsy X	and that an t	his basis, a	death in m	y apinion		
recul	ted fram: N		C33	Accident			Hamicide 🗌	Undetermin	ed manner			
10301		. 1	1303	Augidom	3		CHIEF MEDICAL					
ACTUAL	/ /	1,	1.1	1	-				□ ☑		DATE SIGI	VED
SIGNAT		MAY	3 7.	1	M.C).	SISTANT MEDICAL		K.			
EXAMIN NAME (harles	s S. S	pringat	te, M.D.	AS	SOCIATE MEDICAL	EXAMINER		May 20	, 1968	
4A BURIAL CRE	MATION, 2	24B. DATE		24C. NAMI	e of CEMETERY	ar CREMA	TORY 24D.	LOCATION	(City, to	wn, or county	(Sta	te)
Burial (Spec	шу)	5-27	-69	D-1	to Mad	-11 0		Balti	more	1	Maryla	nd.
SA. DATE REC'D	RV HEATTH			AME OF REC	to. Nat		EM FUNERAL DIRECT			ADDRESS	aryre	and_
JA. DAIE REC D	DITIEMENT	DET 1.	230, 147	THE OF REC	PISTRAN							
		4.4000	10 8	160 B	TABLE D	OM	ORTON &	OYETT	F.H.	1701	Laure	ns St



MAY 2 4 1968

65	B- 5407 CERTIFICA	HEALTH DEPARTMENT	68- 5407
	CERTIFICA	TE OF DEATH REG. NO.	00 0101
BIRTH NO. 1. NAME OF DECEASED (Type or Print) SALLTE	MAE KEENE	2. DATE AND HOUR OF DEA May 21, 1968	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY MARYLAND	If institution: residence before admission)
HOSPITAL OR ADDRESS OR LOCA	ATION)	BALTIMORE E. STREET AND NUMBER	YES X NO .
2112 W. Mulk	perry Street	2112 W. Mulberry St	treet
s. sex 6. RACE Female Negro	7- MARRIED NEVER MARRIED NOT NEVER N	8. DATE OF BIRTH 2-25-1904 9. AGE (In yeors lost birthday) 64	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired) Domestic Work	TIOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Cambridge, Maryland	U.S.A.
DENNIS KEENE		14. MOTHER'S MAIDEN NAME HATTIE CHASE	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (If yes, give war ar date	s of service) SECURITY NO.	17. INFORMANT	Address 1411 Elwood Ave
No.		Miss Gertrude Keene	APPROXIMATE INTERVAL
1B. 4 / 2 . / I	CAUSE OF DEAT	н	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI		ise Comment to the Windows !	Selevis matule 115
(This does not meon the mode of heart failure, asthenia, etc. It meons injury or complication which caused	lite disease,	A CONSEQUENCE OF:	- Hele -
ANTECEDENT CAUSES		Artero selectio stentilla	Jew emprove
DISEASES OR CONDITIONS, if	ony, giving (B)	A CONSEQUENCE OF:	111010
rise to the above cause (A) UNDERLYING CONDITION last.			
7 4201/ II			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAI	THE TERMINAL	none	
U DISEASE OR CONDITION GIVEN IN PAI	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONWAS PER	FORMED	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Bolt	timore City, give exact location)
21 D. TIME (Month) (Doy) (Yeor)		21F. HOW DID INJURY OCCUR?	
(APPROX.)	White At Not White At Work	le .	
22. I certify that (I) (this haspita that (I) (we) lost sow the decease	1) ottended the deceosed from	1,0	5/21 1968 opinion deoth occurred on the dote
	ted obove. (1) (We) (did) (did not)		
23A. SIGNATURE			23B, DATE SIGNED
Kalad W	Lama M.D acons	ending Med. Staff Phys.	0722168
23C. PHYSICIAN'S NAME (Type) Ralph J.	Young M.D.	230. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	The state of the s	(City, town, or county) (State)
BURIAL 5-25-	68 WARD Chape	Ch. Cem. Cambridge	M d
2SA. DATE REC'D BY HEALTH DEPT.	S NAME OF REGISTRAR	A MORAON LOT	701 LAGREN



BALTIMORE CITY HEALTH DEPARTMENT 68- 5408 68-5408 CERTIFICATE OF DEATH the Such Deceased death BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 5-9/-68
RESIDENCE (Where deceased lived. LO E. MARSHAL hospital eath. of 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD If institution; residence before admission attendance (5) BALTIMORE cause FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ō HOSPITAL OR ADDRESS OR LOCATION CITY OR TOWN D. INSIDE CITY LIMITS! cause; 0 0 SINAI HOSPITAL 2 prior contributing E. STREET AND NUMBER occurred 802 etermined made. regular 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased Months! Days Hours last birthdov WIDOWED DIVORCED 68 vegroid 11. BIRTHPLACE (Stute or foreign 12. CITIZEN OF WHAT COUNTRY? Work 108, KIND OF BUSINESS OR INDUSTRY disposition death done during most of working life, even if retired) (4) Und VIRGINIA 14. MOTHER'S MAIDEN NAME Was 13. FATHER'S NAME the lohn death LO 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. ance 214-74-7173 any APPROXIMATE INTERVAL pronounced 0 attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed CEREBROVASEVLAR ACCIDENT of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, xaminer. Uar injury or complication which coused death.) ANTECEDENT CAUSES Who 0 DUE TO, OR AS A CONSEQUENCE OF: re are DISEASES OR CONDITIONS, if ony, giving 3 the obove couse (A) stoting the physician UNDERLYING CONDITION lost. the remains medical Was 331X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) chief Body 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION O CERTIFI WAS PERFORMED before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 6 the OR CONTRIBUTING CAUSE OF more City, give exact location) where home, farm, foctory, street, office bldg., INJURY OCCUR? hospital MEDICAL °Z DEATH (notify medicol_examiner) etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and any 22. I certify that (1) (this hospital) attended the deceased from 1968 and that in (my) (our) opinion death occurred on the date that (I) (we) Past sow the deceased alive on. pe 0 hospital death)

and hour and from the couses stated above (1) (We) (did) (did not) view the body ofter death. 23A. SLONATURE 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

Med. Director L

Shaff Phys.

5-21-68.

24A. BURIAL CREMATION, 24B. DA REMOVAL (Specify) e

DEGREE

(Stote)

Arbutus Ourio 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

must

approval

written

10

prior to An

deceased 0.0

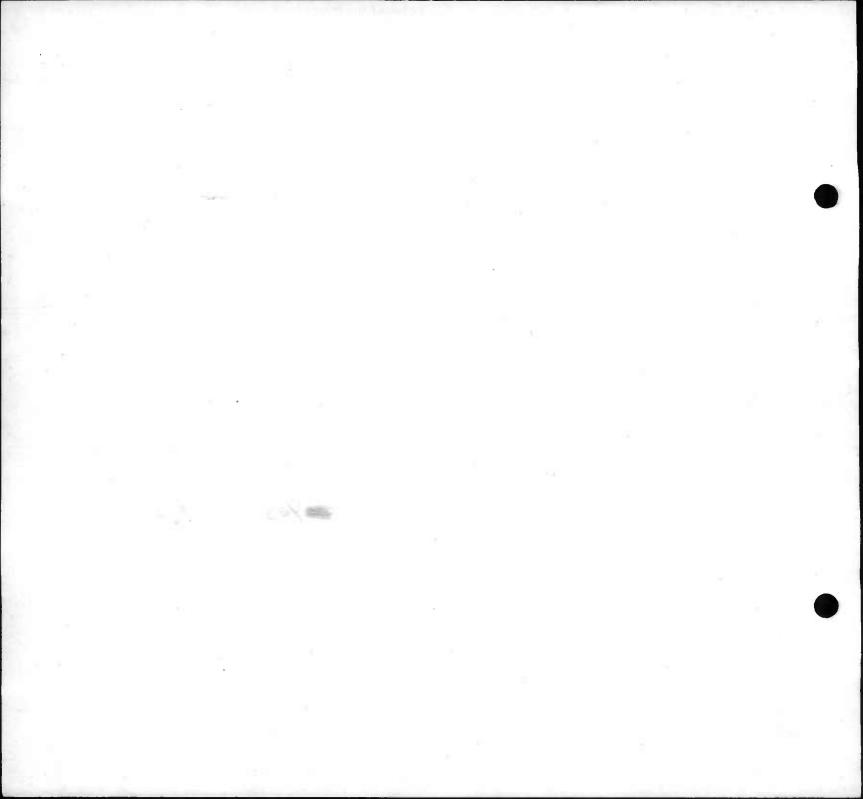
O

accident was release

the body

shows:

N as

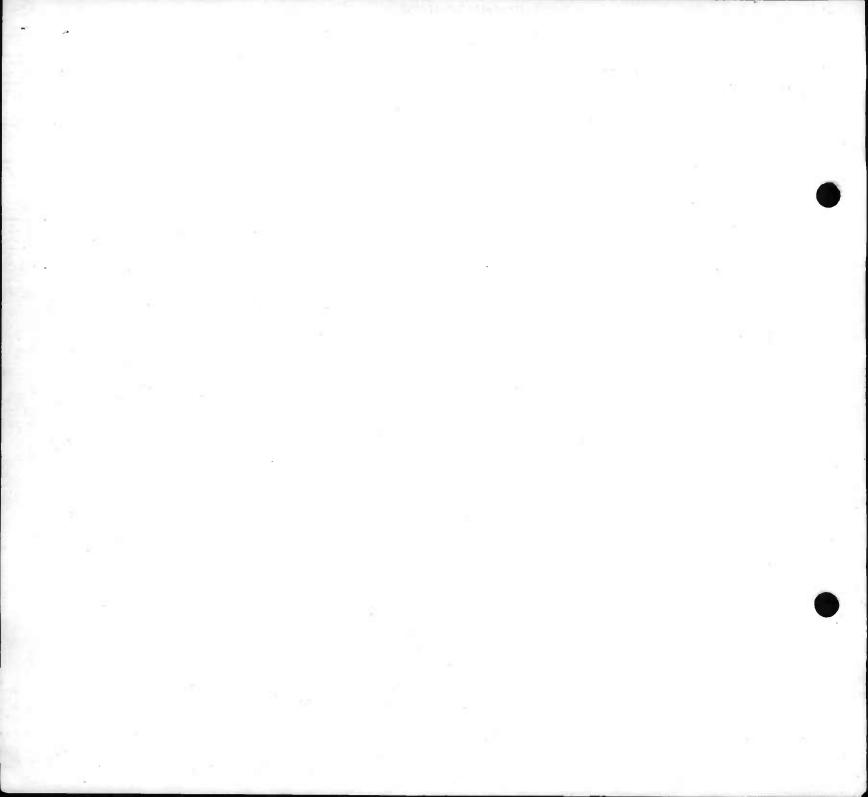


K-1-310	BALTIMORE CITY HEALT	TH DEPARTMENT	
Depos	BIRTH NO. anarolis, ma. 68- 5409 CERTIFICATE C	OF DEATH REG. NO.	58- 5409
an eatl ase th	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
T 0 C	(Type or Print) Michele Denise Kennedy	5-22-68	805 AM
± 6 Do ±		UAL RESIDENCE (Whoro deceased lived. If institution:	rosidenco before admission)
hospital ise of c (5) Dece ance or death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	ad anne Arundle Co	52-10
_ >B	III SITOR	Y OR TOWN D. INSIDE CITY	1 1
n a ca c	37	12 NO PULLY YES] иоД
ing ing att	Mercy Hosp Tre	Monroe Rd 2/402	,
bot	5. SEX 6. RACE 7. MARDIED NEVER MARRIED TO B. DAT	E OF BIRTH 9. AGE (In yours If Uni	der 1 Yr. If Under 24 Hrs.
occur ontrib ermin regul		2-4-67 lost birthdoy) Month	s Doys Hours Min.
- B	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIR		TIZEN OF WHAT COUNTRY?
or o	done during most of working life, even if retired) Neucr Worked	Ammalia Ned	USA
de Un as as	13. FATHER'S NAME, 14. MC	Annapolis Ned OTHER'S MAIDEN NAME	
nt if death direct or c); (4) Undet th was in on the dec	Robert he Kingdon	Joan Queen	
stant ind; eath e on	15. Was Docasad Ever in U. S. Armed Forces? 16. SOCIAL 17. INF	ORMANT	ADDRESS
assistant if the di ny kind; d death ance on r final di	(Yos, no or unknown) (If yes, give wor or dotos of sorvido) SECURITY NO.	Father 7/M	
s ass any ced ndan or fi	187 & S 4 1 P 2 O CAUSE OF DEATH	Winer Fre	APPROXIMATE INTERVAL
his of an or and or	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
Also, e of or	(This does not meen the mode of dying, e.g.,	ossible Bacterial Sepsis	12hrs
ar a	hearl failure, asihenia, etc. Il means the disease,	EQUENCE OF:	
a c a n ii	injury of complication which coused death.) ANTECEDENT CAUSES	1 1 000	126-0
A fr	DISEASES OR CONDITIONS, if ony, giving (B) 10316/6 127 DUE TO, OR AS A CON	ritoritis 2 Gastrostomy	12013,
3) x ex			5 NI03
dical ical e rns; (; sician vas ii nains	UNDERLYING CONDITION lost. (c) Cong. Kenal	Tubular Defect i 2° hyper-	
medical burns; hysici n was remai	757, 3 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		7/
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL STREET OCO.	CCAL Meningitis	7 days
T - N W	WAS PERFORMED	A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
ne chie by a 2) Bod re the physic fore th	U 21A. ACCIDENT WAS UNDERLYING [21B. PLACE OF INJURY (o.g., in or obo	yes NOO (If in Boltimore City, o	
tal by s; (2) B here ti No phy before	OR CONTRIBUTING CAUSE OF homo, form, foctory, stroot, office bldg	INJURY OCCUR?	IAO OXOCI IOCOLIOU!
9.5 - 3 - B	21D. TIME (Month) (Doy) (Yoot) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
he hosp ny natu xcept and (6)	While At Not While	THE WORLD WORLD GOOK.	
ov e h cce nd	Work AT Work	-6+ 19 to 5-22-	18
g + 1 0 0	22. I certify that (V) (this haspital) attended the deceased fram $1-20$ that (V) (we) last saw the deceased alive an $5-22-68$ 1		
0 - 0 0	and haur and fram the causes stated above. (1) (We) (did) (did not) view the		ath accurred an the date
	23A. SIGNATURE		ATE SIGNED
J 4 E 0	Chat CO mb Attending	Med. Staff Director Phys. 5	22-61
Va t	23C. PHYSICIAN'S NAME (Type) 23D. AD		2-08
rificate my was rel 1) An acc 1.A. at a l d prior to			
A.O. d. p.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	RY 24D. LOCATION (City, town,	or county) (State)
s: (dod)	Bux a Specify 5-27-68 Balto Not!	CEM. Balto, A	11.
- 3 . o ±	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C	C. FUNERAL DIRECTOR	ADDRESS
This the show was dece	1 1 1000 A 1000 A BY RESTAURA OXA	Bond A. 9348 Calhoun	Street



VS 150-REV. 1/1/6B

	68 5	BALTIMORE CITY	HEALTH DEPARTMENT	BEC NO	00 5440	
	BIRTH NO.	410 CERTIFICA	TE OF DEATH	REG. NO	00 011.U	-
	1, NAME OF OECEASED (Type or Print) SK, A10168 HOP	Enc. E		HOUR OF DEATH	915) M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst	litution: residence before admis	sion)
	FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OWN	D. NSD	ES NO NO	13
ei ei	Bolton Hill Nue.	sing Home	ESTREET AND NUMBER	STMAN	57	
made	5. SEX 6. RACE 7. MARR WIDOW	INEVER MARRIED		AGE (In years birthday)	If Under 1 Yr. If Under 24 Manths Oays Hours M	Hrs.
ion is	doge during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COU	NTRY?
disposition	13. FATHER'S NAME	+ .	14. MOTHER'S MAIDEN NAM	E	01-11	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serving)		17. INFORMANT		ADDRESS	1100
Ting		214-40-5674	Bernice Smi	th 1814-	Thomas Aue.	2.41
0	DISEASE OR CONDITION DIRECTLY	Thronbon's	27. Missle Cere	bral arter	BETWEEN ONSET AND I	
Dalmed	(This does not mean the made at dying, heart laiture, asthenia, etc. It means the dise		SE A CONSEQUENCE OF:		1 stwee	hs
e III D	injury at camplication which caused death.) ANTECEDENT CAUSES	Caroli	20 a.T.	· Con		
are	DISEASES OR CONDITIONS, if any, give	ing	A CONSEQUENCE OF:	osceni	70	
	rise Ia Ihe abave cause (A) slaling UNDERLYING CONDITION last.	(C)				
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION					
the	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 199. DATE OF OPERATION 198. CONDITION F WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED	ND ND ND T
before	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exoct locotion)	
ained before	21D.TIME (Manth) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	IRY OCCUR?		
opta	22. I certify that (I) (this hospital) attend			9 68 to	May 22 196	
	that (1) (we) lost saw the deceased alive and hour and from the couses stated abov	_		tin(my) (مسم) opin	ion death occurred on the	e dote
must be	23A. SIGNATURE	_	,	· · · · · · · · · · · · · · · · · · ·	23B, DATE SIGNED	
Val	23C. PHYSICIANY NAME (Type)	DEGREE Phys	Med. Director 23 D. ADDRESS	Shaff Phys	5/23/68	
approval	stephen 1	Ours, M.D. DEGREE	1712 WINFO			
	24A. BURIAL CREMATION, 24B. DATE 24	Ball Not	MATORY 24D. LO	Balto.	y, town, or county) (St	ate)
written	25A, DATE REC'O BY HEALTH DEPT. 25B, NAI	ME OF REGISTRAD	25C, FUNERAL DIRECTOR	12.10 M	ADDRESS	
3	MAI 9 4 1200 (18)	CHESTS OF TERMSONS AND	Kelson F. H.	1348 La	inoun st.	



CONERAL DIRECTOR: INC. CALLERY	must be approved by the chief medical examiner or his assistant if death occurred in a hospital and eleased to the hospital by a medical examiner. Also, if the direct or contributing cause of death	cident of any nature; (2) body burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Deceased hospital (except where the physician who pronounced death was in regular attendance on the	to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
LOISERAL	must be approved by the chief med sleased to the hospital by a medic	cident of any nature; (2) body burn hospital (except where the physi	to death); and (6) No physician w

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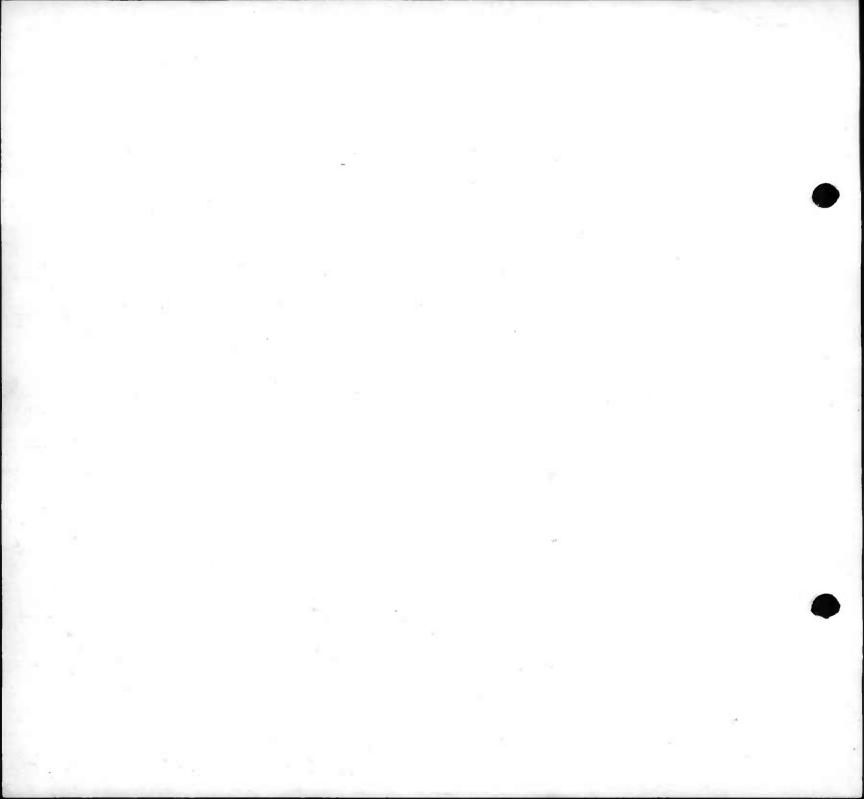
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eceased D.0.

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Ma (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN IDE CITY LIMITS NO T E. STREET AND NUMBER STREEPER S. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 His. 6. RACE 7. MARRIED NEVER MARRIED Hours lost birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) di USEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no grunknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. 420. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes of No) 198 CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct focotion) DEATH (notify medical examined etc.) 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21 E. INJURY OCCURRED OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this haspital) attended the deceased fram ond that In (my) opinion death accurred on the date that (1) (war) last sow the deceased alive on and hour and from the couses stated above (1) (100) (did (did (mat) view the body after death, 23A. SIGNATUR 23B. DATE SIGNED Attending 1 Med Staff Phys. Director L Phys. 23 C. PHYSICIAN'S 23D. ADDRESS approv NAME (Type 24A. BURIAL CREMATION, 24D. LOGATION (City, town, or county) deceased written REMOVAL (Specify) 5 25C. FUNERAL ADD RESS



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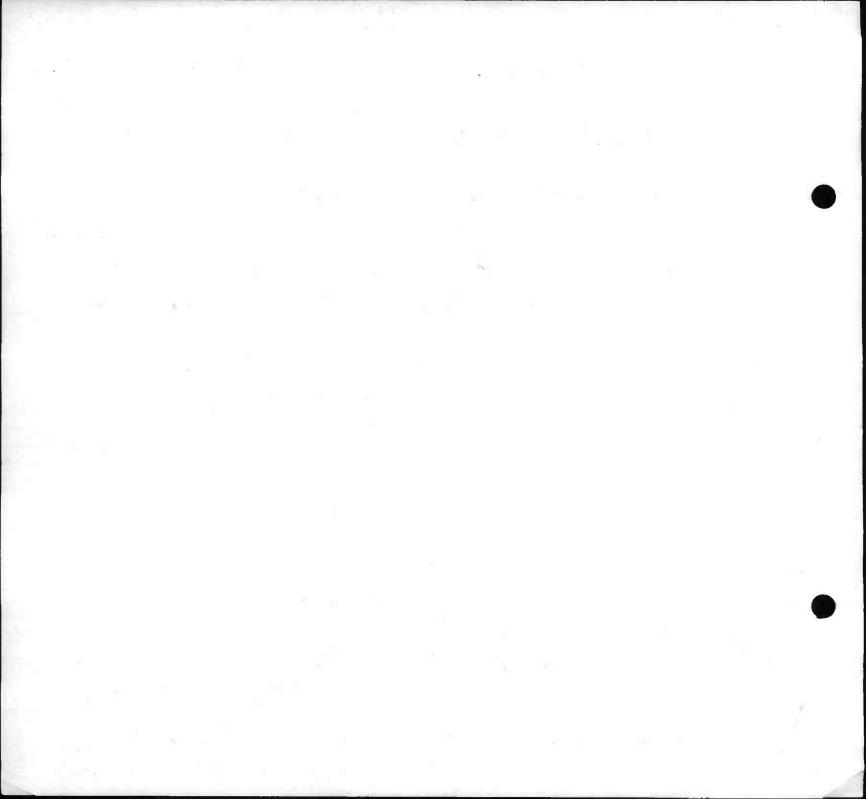
approval at a prior

68- 5412 BALTIMORE CITY HEALTH DEPARTMENT 68- 5412 REG. NO. CERTIFICATE OF DEATH BIRTH NO 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) 8:20 p. Wilson Farl T.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 1968 May 21 1968 8:20 p. M 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Provident Hospital, Inc. YES X NO Baltimore 1514 Division Street E. STREET AND NUMBER Baltimere, Maryland 615 Cellett Street 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. S. SEX 6. RACE 8. DATE OF BIRTH MARRIED NEVER MARRIED lost birthdoy WIDOWEDK DIVORCED 8-2-98 Male Negro WIDOWEDE DIVORCED 8-2-98

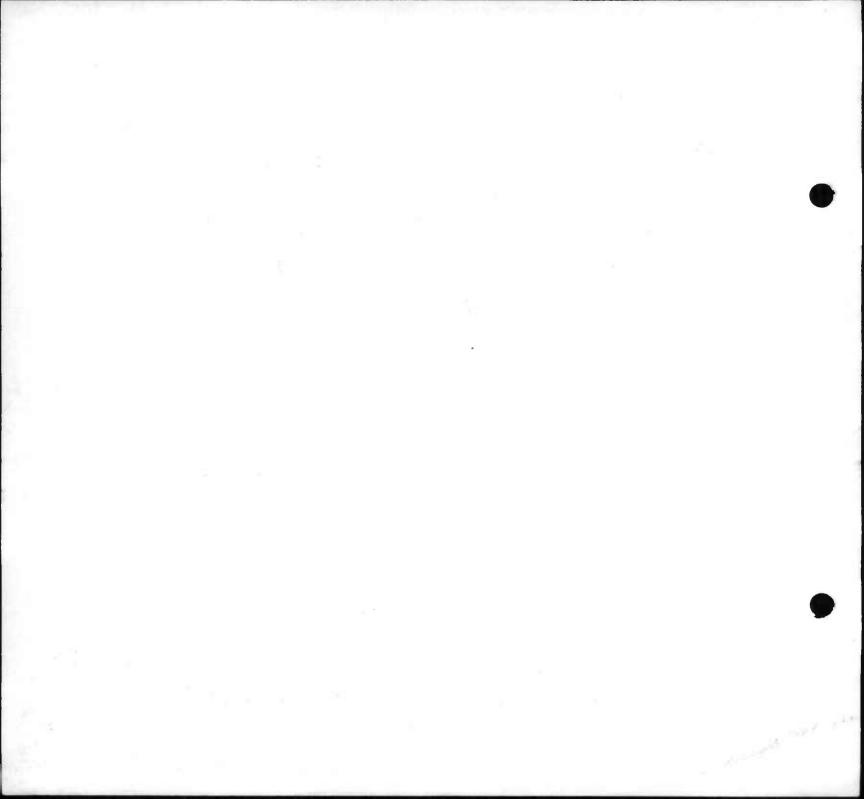
10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired U. S. A. Unemployed Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilson Frank Mary 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Wright, Washington Marie 213-14-9312 CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED CERTI 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact lacation) DEATH (notify medical examiner) MEDI 21 D. TIME (Hour) 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 21E INJURY OCCURRED OF INJURY Not While While At [(APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from May 20, 1968 1968 May 21. 19 that (1) (we) last saw the deceased alive an May 21, 1968 19 and that in(my) (aur) apinian death accurred on the date and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23B, DATE SIGNED 23A. SIGNATURE Attending [5-22-68 Phys. 23C. PHYSICIAN'S 23D. ADDRESS Provident Hespital, Inc. NAME (Type) OEGREE 1514 Division Baltimore. Street -24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) 5/23/68 Burial Calvary Cemetry A County A

25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25G-FUNERAL DIRECTOR ADDRESS Halstead 1206 VS 150-REV, 1/1/68



	68- 5413 BALTIMORE CITY	HEALTH DEPARTMENT						
	BIRTH NO. CERTIFICATE OF DEATH							
	1. NAME OF DECEASED (Type or Print) (Type or Print)							
	HOLLEY, William	5/22/68 7:30 a. M.						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore c. city or town D. Inside City LIMITS?						
	33 The Johns Hopkins Hospital	Baltimore YES NO						
ė		1223 N. Central Avenue						
mad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.						
S	Male Negroid WIDOWED DIVORCED	11/19/13 54						
disposition	done during most of working life, even it retred) M. G. A. L. D. D. L. P. L. D. L. D. L. D. S. D. L. D. S. D. L.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
051	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Sp	Isom Holley	Elizabeth						
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, np ar unknown) (If yes, give war at doles of service) SECURITY NO.	17. INFORMANT ADDRESS						
final	ES 6/25/44-2-17-46 \$13-07-7044	ROXIE HOLLEY 1223 h. Central Opp						
or f	18. 1 CAUSE OF DEATH							
	DISEASE OR CONDITION DIRECTLY	1011 21						
embalmed	(A) IMMEDIATE CAU	SE My O CARdul Maritm Lucius						
pq	heort foilure, asthenio, etc. It means the disease, injury or complication which caused death.)							
e m	ANTECEDENT CAUSES	DALIO arma 4 dans						
are	The state of the s	A CONSEQUENCE OF:						
	rise to the obove couse (A) stoting the UNDERLYING CONDITION last. (C)(C)							
nai	z 493X II							
remains	OTHER SIGMFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OTHER SIGMFICANT CONDITION SIVEN IN PART 1 (A).	ul Anchara with retention						
e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, aff	n ar obout 21 C. WHERE DID (If in Baltimare City, give exoct lacotian) industry occur?						
	O 21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
ained								
ģ	22. I certify that (1) (this haspital) attended the deceased fram	5/20 19 6V to 5/22 196.						
peo	that (I) (we) lost saw the deceased alive an 5/27	30AM 68 and that in(my) (our) opinion death occurred on the date						
	and haur and from the couses stated above. (1) (We) (did) (did nat) v	iew the body ofter death.						
must	Phys	nding Med. Shaff S						
approval	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS						
bbr	Harry Pond, M.D.	The Johns Hopkins Hospital						
	Burnal (Specify) 5/27/68 Balts. Mate	MATORY 24D. LOCATION (City, tays, or county) 55010						
written	25A. DATE REC'D BY HEALTH DERT SSB. NAME OF RECHTRAL	255 FUNEFAL DIRECTOR DOCKS DI 13 04 n. Cantral Que						

VS 150-REV. 1/1/6B



7	68- 5	A 1 A BALTIMORE CITT	HEALTH DEPARTMENT		00 5444	
1	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	68= 5414	
	1, NAME OF DECEASED (Type or Print) FRANK	THOMAS	5/2	D 6 P	H 5.55 P	v.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION) ADDRESS OR LOCATION	ONOUNCED DEAD ASTITUTION, GIVE STREET	A. STATE B. COUI MARYLAND C. CITY OR TOWN UPPER M	Dame	HELD LIMITS? YES NO NO	
	UNION MEMORI	AL HOSP.	E. STREET AND NUMBER	ALBORD	BOX 4371	
is made	S. SEX 6. RACE 7. MAR. WIDO	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9, AGE (In years lost birthdoy) 70	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.	
100	done drings most of working life, even if retired) GO	v. Employee	VIRGINIT	7	VSA	
Isposition	13. FATHER'S NAME WAKNOWN ROBT	J. THOMAS	14. MOTHER'S MAIDEN NA	AN AN	'NA LONG	-
tinal d	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO.	ALBERT T	HOMAS	1904 CEDONIA AVENUE # 06	
balmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foilure, osthenio, etc. If means the distinjury or complication which coused death.)	e.g., DUE TO, OR AS	Minchen		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	н
remains are em	DISEASES OR CONDITIONS, il ony, girise to the obove couse (A) stoting UNDERLYING CONDITION lost.	· · · · · · ·	A CONSEQUENCE OF:	L'aret	ir A	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI		20A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED	
fore the	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?		CAUSES OF DEATH?	-
ained bef	DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	efc.) 21E. INJURY OCCURRED While Al Not While At Work	21F. HOW DID IN	JURY OCCUR?		
be obt	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated about	on may 20	19 6 8 ond t		pinion death occurred on the do	te
al must	Enrique Cipria	h.D. Atte	nding Med.	Staff Phys.	23 B. DATE SIGNED 5 30 6 P	
approval	23C. PHYSICIANS NAME (Type) ENRIQUE CIPRIR 24A. BURIAL CREMATION. 24B. DATE	HI MO DEGREE	33 and and	Calu	et st.	
	REMOVAL (Specify)	C.NAME of CEMETERY of CRI Riverview Comete			(City, town, or county) (Sigte)	
written		ME OF REGISTRAR	2SC FUNERAL DIRECTO	echnier	thou Ballems	7

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68 MED	5415 BALTIMORE CITY HE			DEAT	ш	60	EAAF
BIRTH NO.	ICAL LAAMIINER 3	CLKIIII	CAILOI	DLAI	REG. NO.	00.	- 5415
1. NAME OF DECEASED		2. DATE	N	A4 +1-	D	Year	Tu
(Type or Print)	Andrew Street Street, or other party of	2. DATE OF	Known 🖫	Month	Doy		Hour
HELEN	FEESER	DEATH	Estimoted	May	14,	1968	5:45 A
4. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCAL OR INSTITUTION	AL OR INSTITUTION, GIVE STREET TION)		JNCED DEAD	May	14,	1968	
2315 Chelsea Terrace		A. STATE	esidence (where land	e dece osed li	B. COUNTY	n: residence b	perore odmission)
6. SEX 7. RACE	B. MARRIED NEVER MARRIED	C. CITY OR			D. INSIDE C	LY LIMITS?	1 July
						-	
female white	WIDOWED DIVORCED	Balt	imore		- W	ESIX	NO
9. DATE OF BIRTH 10. AGE (In 10. AGE (In 10. AGE) (In 10.			Chelsea	Terra	ce		O
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	S NAME	PE	ISER		
WACIO. III.	V.5/7.	76	IFIV	1 -	1001		
4A.USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	146. KIND OF BUSINESS OK INDUSIK	VIIS. MOTHER	K'S MAIDEN NA!		- ^ /		
HOUSE WIFE		AL	-ICF (11/21	BURN		
6. WAS DECEASED EVER IN U.S. ARMED	FORCES? 17. SOCIAL	IB. INFORM	AANT	7 - 15		DDRESS	
Yes, no or unknown) (If yes, give wor or dotes		1 M	2/100	1			Roya n
100	217-12-898	4 1111	- LEROY	1. 1	EESEK	_ (X+C10,11
19.	CAUSE OF DEA	(fH					PROXIMATE INTERVA
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	(B)	AS A CONSEC	QUENCE OF:				
OLY OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PAGE 2004. DATE OF OPERATION 2008. CON	THE TERMINAL	~~~~~~~~~~~					
20A. DATE OF OPERATION 20B. COM	NDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
Ö							
							lo
✓ 22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. ≥ 22D. TIME (Month) (Dov) (Year	228. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 2 ce bldg., etc.)	NJURY OCCUR?	(If in Boltimo	re City, give ex	oct locotion)	
	Hour) 22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?		
OF INJURY		WHILE					
(APPROX.)	m. WORK L AT V	WORK					
23.							
I certify that I held on I	nquiry Inspection X Au	otopsy 🔲	ond that on t	his basis,	deoth in my	aplnion	
resulted from: Natural cau	ses 🛛 🛕 Accident 🗌 Suici	de Ho	micide 🗌	Undetermi	ned monner		
1			CHIEF MEDICAL E				
11 11 11 .	A 1						DATE SIGNED
ACTUAL /1//// A. A	175				TV I		-7110 0101100
SIGNATURE Werner U	M. Spitz, M.D.	J.	STANT MEDICAL E				5/14/68
SIGNATURE Werner U EXAMINER'S Werner U NAME (Type)	Spitz, M.D.	ASSO	CIATE MEDICAL	EXAMINER			5/14/68
SIGNATURE Werner U	24C. NAME of CEMETERY	ASSO	CIATE MEDICAL			n, or county)	5/14/68

VS 151-REV. 1/1/6B

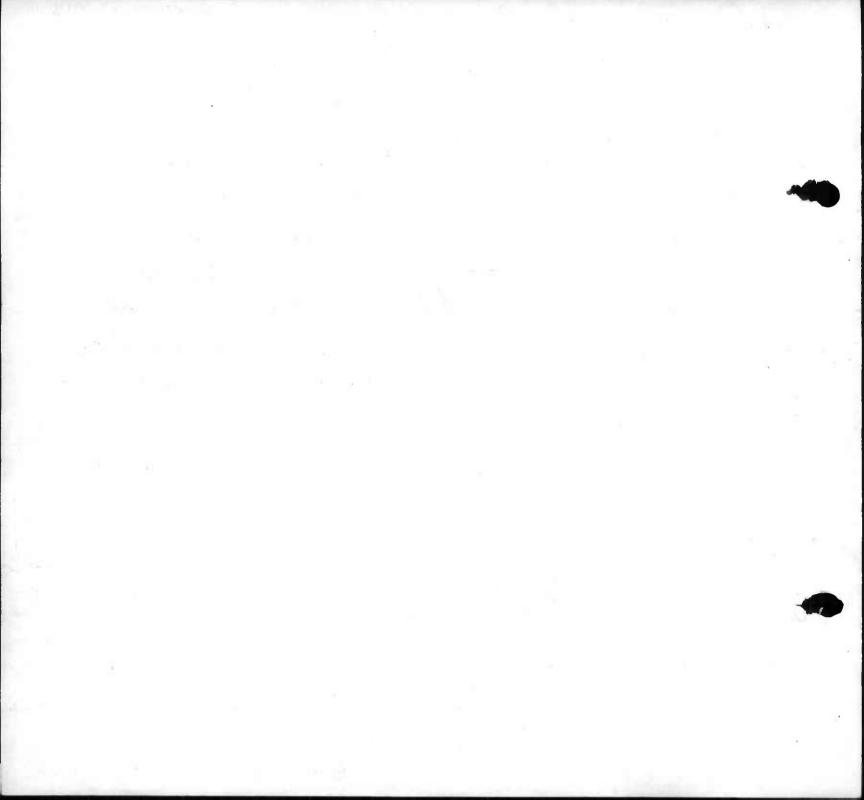
12-74-1896
BALT MO
BALT MO
HOUSE WIFE
ALICE WILBURN
NO
- 217-12-8884 MR LEGAT FEBSER DES MI

FURTIL STREET BAKED MATTERS PART 1

from a Lection where continued

FUNE	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	P
This certificate must be approved by the chief the body was released to the hospital by a m	f medical examiner.	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	death
shows: (1) An accident of any nature; (2) body burns; (3) A fracture of any kind; (4) Underermined Cubse; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the N	physician who pro-	nounced death was in regular attendance	on the 2
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	an was in regular eremains are emba	attendance on the deceased prior to deatimed or final disposition is made.	Such

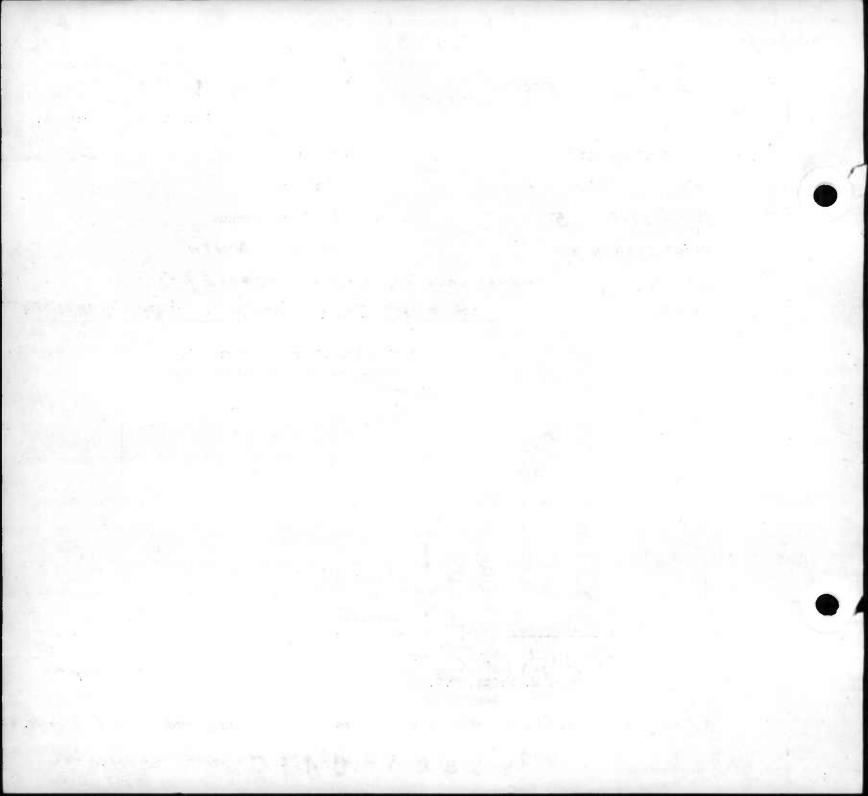
		68- 5	416 BALTIMORE CITY	HEALTH DEPARTMENT	100	CO E 44C
	1		CERTIFICA	TE OF DEATH	REG NO	68- 5416
		H NO.				
		AME OF DECEASED	In 11		O / 68	
	2.8	Jelski -	Yancis VI	,,,		M. M. Midence before admission)
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUN	TY .	auto Co
	FUL	L NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	MO	riddle	River
	INS	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
pain	1		//	138/Timore	20	YES NO NO
	10	tranklin Squar	e HOSDital	E. STREET AND NUMBER	01	7
de.			- 11-19-141	20 Wa	& Rway	- court
0	S. SE	6. RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years)	onths Doys Hours Min.
E	1	My White WIDOW		4/5/21	47	
		USUAL OCCUPATION (Give kind of work 10B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
disposition	Gone	m'n/		Donnell	10000	11.54
SI	13. F	EATHER'S NAME		1. MOTHER'S MAIDEN NAM	AE	
0		00 00	1, -	1	0	1.
d is	10.14	alle pels	KU LA SOSIAL	17. INFORMANT	Kygew	ADDRESS
5	(Yes,	Vos Deceased Ever in U.S. Arméd Forces? ,no or unknown) (If yes, give wor or dotes of service	e) 16. SOCIAL SECURITY NO.	17. INFORMANT	00	
1	L	INK	184 1211	85-9 HELEN	PELSKI	ABOVE
_		1B. / / D. /	CAUSE OF DEAT	H /		APPROXIMATE INTERVAL
0		DISEASE OR CONDITION DIRECTLY			a	
0		LEADING TO DEATH	(A) IMMEDIATE CAL	GEREBR	46 MET	14STASES
palm		(This does not meon the mode of dying, a heart failure, asthenia, etc. 11 means the disease	-9-, DUF TO, OR AS	A CONSEQUENCE OF:		
و		injury or complication which coused death.)		BRUNCHOGE	EHK CA	RCIHOMA
E		ANTECEDENT CAUSES	(8)			
9		DISEASES OR CONDITIONS, if ony, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		
0		rise to the obove couse (A) stoting UNDERLYING CONDITION lost.				
remains			(C)	***************************************		
E	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ıG			
9	≚	TO THE DEATH BUT NOT RELATED TO THE TERMIN				
the	0	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE F	FINDINGS CONSIDERED
4	RTIF	WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?
0	5	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimor	e City, give exact location)
before		OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mice blag., INJURT OCCUR?		
	20	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ained	5	OF INJURY	While At Not While			
		(APPROX.)	Wark L At Work		10	-/-/
p		22. I certify that (1) (this haspital) attende	./ / ~	7/25 1	900 10	19.6.
pe		that (1) (we) lost sow the deceased olive of	in 5/20	19 ond the	ot in (my) (our) spin	nion deoth occurred on the dote
+		and hour and from the couses stated above				
must		23A. SIGNATURE	0			23B. DATE SIGNED
=		mak toons	Dh.	ending Med. Director	Staff Phys:	5/20/8
0		23C.PHYSICIAN'S	DEGREE	23D. ADDRESS		1 20 61
5		NAME (Type)	-/.	60	· C -	1 /deco: Tal
approval	240	PUBLIC CREMATION OF DATE	DEGREE	T-MURC	CATION / (Ci	ity, lown, or county (State)
0	ZAA	REMOVAL (Specify)	NAME of CEMETERY OF CR		A CATION (CI	ity, town, or county (Stote)
written		BURIAL 3/2468 3	11	ART BA	ALTO. MO	
=	DC A	. DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	2SC. EUNERAL DIRECTOR		ADDRESS
-	25 A.		and the same of th	1/ 0/		
₹	25 A.	MAY 2 4 1968 02.09	BY, Balley MA	1 compelle	5-14-	300 more



5-530 BIRTH NO.

68- 5417 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REQUISITION 5417
BIRTH NO.	
1. NAME OF DECEASED (Type of Print) RONALD SMITH	2. DATE Known Month Doy Year Hour OF DEATH Estimated X May 21, 1968
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 21, 1968 8:20 A.M.
2	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE B. MARRIED TAISVER MARRIED	Maryland O O O O O O O O O O O O O O O O O O O
MARKIED LINEVER MARKIED	
male white WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.	E. STREET AND NUMBER 369 Oberle Avenue
1f. BIRTHPLACE (State or foreign country) 12. CITTZEN OF	13. FATHER'S NAME
WEST VIRGINIA WHAT COUNTRY?	JAMES SMITH
14A. USUAL OCCUPATION (Give kind of work [48. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	
CARPENTER COLEMAN CONS. CO	VIVIAN BAILEY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
234-09-606	TCIE SMITH WEST VIRGINIA
19. ZAUSE OF DEA	
DISEASE OF CONDITION DIRECTLY	
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic and Hypertensive
(This does not mean the made of dying, e.g.,	KNACONSTONENCE Cardiovascular
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) Diseas	
Diseas	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION (20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
5	
UNDERLYING OR CONTRIR. home, form, foctory, street, offi	., in ar about 22C. WHERE DID (If in Boltimare City, give exact location) ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E NATIRY OCCURRED	
OF INJURY (APPROX.) WHILE AT NO	22F. HOW DID INJURY OCCUR?
23.	
	utopsy XX and that on this basis, deoth in my opinion
resulted fram: Notural causes XX Accident Suici	de Homicide Undetermined monner
ACTUAL PLANTS OF THE STATE OF T	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSIC M.	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 5/21/68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	f or CREMATORY 24D. ŁOCATION (City, town, or county) (Stote)
REMOVAL 5/22/68 MASONIC 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	CEM, SHINNSTON WEST VIRGINI 25C. FUNERAL DIRECTOR ADDRESS
MAY 2 4 1968 R. Ruts E. Harburg	HARNER FUNHOME SHINNSTON
VS 151-REV. 1/1/68	WEST VIR.



51-	62	-4	5		I	3
		_	_	-	A)	

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

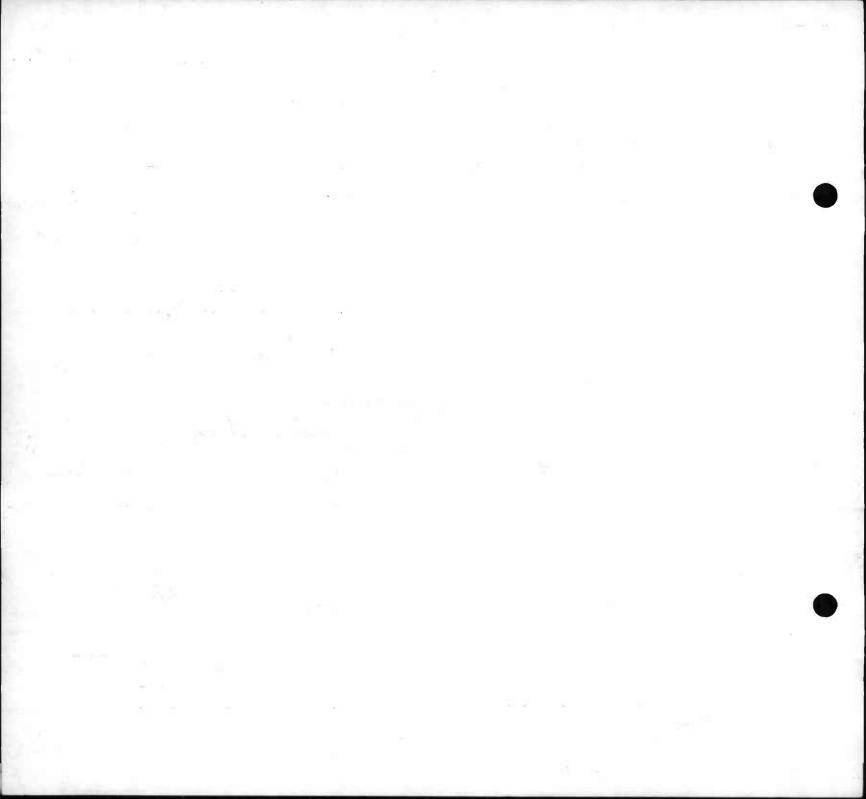
5	-160	68	3- 54	18 BALTIMORE CIT			REG. NO.		68	5418
-	TH NO.	ASED		CERTIFICA	VIL C		D HOUR OFIDEA	гн		
	pe or Print)	aLvern	4 Sel	Jacker		2. 5011 011	5/2/16	8	10	,20 Pm.
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USU A. STA	AL RESIDENCE (When	e deceosed lived. I TY	finstitution: r	esidence befo	ore odmission)
FU HC	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET		YLAND		MIDE CITY	MARKO	
IN:	MOITHE	LT IMORE CITY		ALS		OR TOWN T IMORE	200	VSIDE CITY L	MILY	
13	/	40 EASTERN A				ET AND NUMBER	3/9			
		LI'IMORE, MAR		21224		4 MOHAWK AV	ENUE 9. AGE (In years	#21207	*	
S. S	EMALE	6. RACE WHITE	WIDOWED:	NEVER MARRIED DIVORCED	8-2		lost birthdoy)	If Under	Doys Hou	Under 24 Hrs.
10A	USUAL OCCU	PATION (Give kind of work		F BUSINESS OR INDUSTR			gn cauntry)	12. CITI	ZEN OF WH	AT COUNTRY?
don	e during mast of w	orking life, even if retired)			MAR	YLAND			USA	
13.	FATHER'S NAM	N.E.	l			THER'S MAIDEN NAM	ΛE			
			CROS	SSWELL		LUCI	LIE			
15. (Ye:	Was Deceased s,na or unknown)	Ever in U.S. Armed Fore (If yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFO	DRMANT			ADDRESS	
L	INK			213-10-330	REC	ORDS_BCH_49	40 EASTERN	AVENU	E,BALT	MORE, MD
	18. 4	69-1		CAUSE OF DEA	TH					TE INTERVAL
		E OR CONDITION DIF LEADING TO DEATH	RECTLY		Ca	-dia an	+	1.00		
		ol mean the mode of asthenia, etc. It means				QUENCE OF:				
	injury or comp	olication which caused		0		0.10				
		NTECEDENT CAUSES		(B) VW.	Oun	EQUENCE OF:			***************************************	
	rise to the	R CONDITIONS, if above cause (A) CONDITION lost.		Λ	CVX	2	••••			
z	433	, O II								
ATIO	TO THE DEATH	CANT CONDITIONS CO	HE TERMINAL			********				
FICA		OPERATION GIVEN IN PAR OPERATION 198. CON WAS PERI	DITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes or No	20B. IF YES, WE	RE FINDINGS	CONSIDER	ED
ERTIFIC	O A G G ID CH			N A GE OF INTERVA	is a select	NO				,
CALC	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medicol examiner	han etc.	3. PLACE OF INJURY (e.g., ne, form, factary, street, .)	office bldg.	INJURY OCCUR?	(If In Bollin	nare City, giv	ve exact locati	ion)
MEDI	OF INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED	ile 🗂	21 F. HOW DID INJ	URY OCCUR?			
	(APPROX.)		Wo	ork L At Work			/3		r 01	10
		that (1) (this haspital		5	21 1	5-1 ₁			2-21	19 68
		last saw the decease					at in (my) (aur)	apinian dea	ith accurred	an the date
	23A. SIGNATUI		ed apave. 7	1) (We) (did) (did nat)	view the	bady after death.		23B. DA	TE SIGNED	
		K.E. Dilm	cus		ending [Med. Director	Staff Phys.		5/211	1,1
	23C. PHYSICIAL	YS pel I	0 1	DEGREE	23D. AD		· · · · · · · · · · · · · · · · · · ·		111	6/
		KAN ETIEN	0 (01/1	nour DEGRE		-4940 EASTE				21224
24/	REMOVAL (S	naciful II	68 C	AME of CEMETERY OF C				(City, town,	or county)	(State)
25	BURIL	th .	01	ARDENS OF			ALTO.	MD.	ADDRE:	SS
1123	MA	Y Z 4 1968 (Sub	S. Farlsmel	1	FUNITAL DIRECTOR	NELLY	sons	300	

VS 150-REV. 1/1/68

to and harden

March V

	C-414 68- 5	1419	HEALTH DEPARTMENT	68- 5419 7
	RTH NO. 64. 09024	CERTIFICA	TE OF DEATH	
	pe or Print) Baby BON	BOY CLIFFORD, (F	ORESTINE) 2. DATE AND HOOK OF DE	68 5-5-40 B.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence before anmission)
FL	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND	INCIDE CITY HAITED
IN	BALT IMORE CITY HOSP	TTALS	C. CITY OR TOWN BALT IMORE	INSIDE CITY LIMITS?
13	4940 EASTERN AVE.	1101001	E. STREET AND NUMBER	
5.	BALTIMORE, MARYLAND SEX 6. RACE 7. MARYLAND	#27224 RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	#21217 If Under 1 Yr. , If Under 24 Hrs.
	MALE NEGRO WIDO		5-17-58 lost birthdoy)	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
12	FATHER'S NAME		MARYLAND 14. MOTHER'S MAIDEN NAME	
134	FAIRER 3 NAME		FORESTINE CLIFFORM	D
15.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
1	rs, no or or or or or or or or serv	SECURITY NO.	RECORDS: BALTIMORE CITY 4940 EASTERN AVE. BAL	
	18. / / 2. 01	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAL	155 Inlance tre la benny	Rose
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
	injuly of complication which coused death.) ANTECEDENT CAUSES	. (1		
	DISEASES OR CONDITIONS, if any, g	ving (B) OVO	A CONSEQUENCE OF:	
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	the (c) Palma	non way cumaturity	
z	76015 11		0.1	100
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		alundy (B.W. 680 grs	2) 25 wheyes takin
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	IN CERTIFYING	VERE FINDINGS CONSIDERED
CER	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID (If in Bo	Itimore City, give exact location)
N A	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	mee blag., INJURY OCCUR!	
MEDI	21D.TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
~	(AFFROX)	While At Work Not While At Work	E had see	That is
	22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive	× /1-	19/68 and that in (my) (aur) apinian death occurred an the date
	and haur and from the couses stated above	/		, aprillar death occurred an the date
	23A. SIGNATURE			23B, DATE SIGNED 2 5-17-68
	23C. PHYSICIAN'S	M O OEGREE Phy	And Director Phys. 23D. ADDRESS	5/17/68
	FRANK BOWYER, M.D.		BALTIMORE CITY HO	
24		OEGREE C. NAME of CEMETERY OF CR	4940 EASTERN AVE. BALT	(City, town, or county) (State)
C		altimore City	Mospitals Baltimore	Maryland 21224
25	A. DATE REC'D BY HEALTH DEPT. 258, NA		TOODTTAL DISECTOR	ADDRESS ADDRESS
VS	150-REV. 1/1/18	B. E. Frederica	HUOFITAL DIOPU	DAL

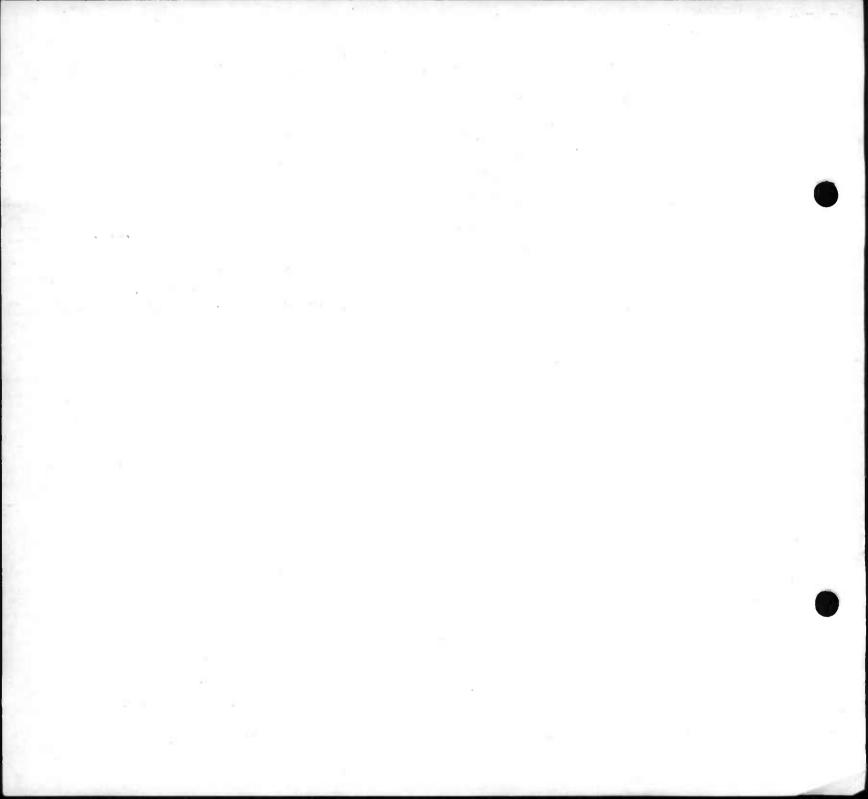


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

REG. NO	68	5420
	-	

	H NO.	8=0880	8- 548	CLKTITICA	TE OF DEATH	REG. NO	68- 5420
	e or Print)	MORE MARYLAND, M	HERE PRONOL	GIT, GERAI	DINE 5	1868 e decepted lived. If ins	12:55 A stitution: residence before admissio
HOS	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA		TION, GIVE STREET	Maryland c. CITY OR TOWN	P INSI	DE CITY LIMITS?
49	940 East	City Hospit ern Ave.			Baltimore E. STREET AND NUMBER		YES X NO
		, Maryland #			2000 Boone S		
	emale	6. RACE Negro	WIDOWED		5/13/68	9. AGE (In years lost birthday)	Months Doys Hours Min.
		PATION (Give kind of work working life, even it retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore) Maryland	gn country)	U.S.A.
13. F	ATHER'S NAM	A E			14. MOTHER'S MAIDEN NAM	ΛE	0.5.R.
	Nu	mis Davis			Geraldine Wil		
		Ever in U. S. Armed For (II yes, give wor or date		SECURITY NO.	17. INFORMANT 49	40 Eastern A	ve. ADDRESS
					BCH: Records Ba	ltimore, Mar	ryland # 21224
	DISEASES O	osthenia, etc. II means plicotion which caused INTECEDENT CAUSES R CONDITIONS, if obove cause (A)	ony, giving	(B) Our AS	gestine III. fo	eline	Irun e
RTIFICATION	TO THE DEATI DISEASE OR CO	CANT CONDITIONS CO	THE TERMINAL RT 1 (A). IDITION FOR WEFORMED	/HICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F IN CERTIFYING CAU Yes	FINDINGS CONSIDERED USES OF DEATH?
L CERTIFICATION	TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PARTION 198. CON	THE TERMINAL RT 1 (A). IDITION FOR WIFORMED 218.	PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	Yes	FINDINGS CONSIDERED USES OF DEATH?
MEDICAL CERTIFICATION	TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	H BUT NOT RELATED TO TO TO NOTION GIVEN IN PAR OPERATION 1798. CON WAS PER IT WAS UNDERLYING TING CAUSE OF	HE TERMINAL IT 1 (A). IDITION FOR W FORMED 21B. home etc.)	PLACE OF INJURY (e.g., e.g., lorm, loctory, street, o	in or obout 21C, WHERE DID ffice bidg., INJURNOCCUR?	Yes (If in Boltimore	
MEDICAL CERTIFICATION	TO THE DEAT DISEASE OR CO 194. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (i) (we)	H BUT NOT RELATED TO TO NOTIFICATION OF THE NOTIFICATION OPERATION TO THE NOTIFICATION OF THE NOTIFICATION	HE TERMINAL RI 1 (A). IDITION FOR W FORMED 218. home etc.) (Hourl 21E. Whill Work L) ottended the	PLACE OF INJURY (e.g., e., lorm, loctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Boltimore	
MEDICAL CERTIFICATION	TO THE DEAT DISEASE OR CO 194. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (i) (we)	H BUT NOT RELATED TO TO NOTIFICATION GIVEN IN PARTICIPATION TO THE CONTROL OF THE	HE TERMINAL RI 1 (A). IDITION FOR W FORMED 218. home etc.) (Hourl 21E. Whill Work L) ottended the	PLACE OF INJURY (e.g., o, lorm, loctory, street, o	in or obout 21C, WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ 15 19 and the view the body ofter death.	(If in Boltimore	e City, give exect location)
MEDICAL CERTIFICATION	TO THE DEATIONS THE DISEASE OR CONTRIBUTION OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (i) (we) ond hour and	HOUT NOT RELATED TO TO NOTIFICATED TO TO NOTIFICATION TO THE CONTROL TO THE CONTROL TO THE CAUSE OF MEDICAL TO THE CAUSE OF THE COURSE STORE MATION 1248 DATE MATION 1248 DATE	HE TERMINAL RI 1 (A). IDITION FOR W FORMED 218. home etc.) (Hourl 21E. Whill Work L) ottended the	PLACE OF INJURY (e.g., o, lorm, loctory, street, o) INJURY OCCURRED At Work e deceosed from (We) (did) (did not) DEGREE Phy	21F. HOW DID INJ 21F. HOW DID	Yes (If in Boltimore URY OCCUR? 9to5 ot in(my) (our) opin Stoff Phys. Hospitals Ve. Baltimore	18 68 19 19 19 19 19 19 19 19 19 19 19 19 19

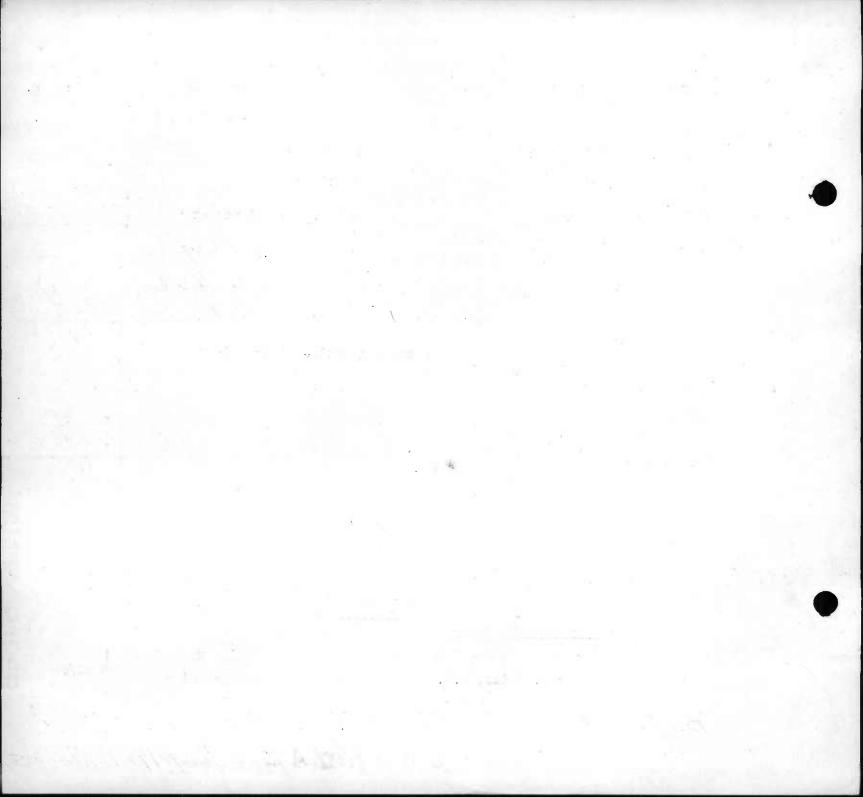


C-160

68- 5421 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	8- 5421
1. NAME OF DECEASED	2. DATE Known Month Day	Year Haur
(Type or Print) JOHN HENRY COOPER	OF DEATH Estimated K May 19	1968 1:30 PM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 20, 19 5. USUAL RESIDENCE (Where deceased lived. If institution:	
631 N. Pulaski Street	A. STATE B. COUNTY Maryland	1 DL
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	Y UNITS!
male negro widowed □ divorced □	Baltimore VE	s X NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hr Manths, Days, Haurs, Min		
11. BIR]HPLACE (Syste or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
South Carolina WHAT COUNTRY?	alexander Coofer	
14A. USUAL OCCUPATION (Give kind af wark) 14B. KIND OF BUSINESS OR INDUST dane during most of warking life, even if retired)	TRY 15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18 INFORMANT AD	DRESS?
(Yes, na ar unknawn) (If yes, give war ar dates af service) SECURITY NO.	phynie m. Cooper 740	8 Fafler Grows
19. CAUSE OF DE	ATY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Alteration of the Liver	
(A)IMMEDIATE	E CAUSE R AS A CONSEQUENCE OF:	
mjer, ar compression amenication destiny		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:	9 00 5 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION 1		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes ar Na)
		Yes
22A EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	g., in ar about 22C. WHERE DID (If in Baltimare City, give exac	
UTING ☐ CAUSE OF DEATH.	fice bldg., etc.) INJURY OCCUR?	
	DT WHILE [7]	
23.	WORK	
I certify that I held an Inquiry Inspection A	autopsy 🛚 ond that an this basis, death in my c	pinion
resulted fram: Natural causes X Accident Suic	ide Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE AND TO M	.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	5/21/68
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, lawn,	ar caunty) (State)
Burial 5 24-68 Ballemore	yalona Ballemore	mg.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR AL	DORESS 1
MAY 2 4 1968 Robert & July	Williagton shellers!	12711, Mouras
VS 151-REV. I/I/6B		



IMPORTANT

FUNERAL DIRECTOR:

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the body was released to the hospital by

was D.O.A.

Such

BIRTH NO. DO DAZZ CERTIFI	ICATE OF DEATH REG. NO.
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
GRAY, Norman Stewart	5-19-68 5:35
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION; GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 7 5 L
Veterans Administration Hospita	C, CITY OR TOWN
3900 Loch Raven Boulevard	Baltimore YES I NO
Baltimore, Maryland 21218	1731 North Pulaski Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under lost birthdoy) Norths; Doys Hours;
Male Negro WIDOWED DIVORCED	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND to do no during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT C
Longshoreman	Calvert County Maryland U. S. A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Gray	Frances Stewart
S. Was Docoosed Evor in U. S. Armod Forces? Yos, no or unknown! (II yos, give wor or dates of service) SECURITY NO.	17. INFORMANT VA Hospital Records
	-36 3900 Loch Raven Blvd., Baltimore, Md 212
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	TE CAUSE Acute lymphocytic leukemia 1 month OR AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, (OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLDISEASE OR CONDITION GIVEN IN PART 1 (A).	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY	NO 20A. AUTOPSY? (Yes of Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY home, lorm, factory, strong DEATH (notify modical examiner)	(leagn, in or about 21 C. WHERE DID (If in Boltimore City, give exact location) (If in Boltimore City, give exact location) (Injury occur?
Q 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRE	While -
22. I certify that (K(this hospitol) attended the deceased from that K) (we) last saw the deceased alive on May 19.	1968 to May 19, 19 1968 and that in (XX) (aur) apinian death occurred on
and haur and from the causes stated above. (**(We) (did) (************************************	view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
Hortrey MD. DEGREE	Attending Med. Shaff May 20, 1966
23C.PHYSICIAN'S NAME (Type)	23D. ADDRES3900 Loch Raven Boulevard

or county)

Portney, M.D. B. A.

Baltimore, Maryland 21218

BURIAL CREMATION,

258. NAME OF REGISTRAR

D

25A. DATE REC'D BY

HEALTH DEPT.

VS 150-REV. 1/1/68

ADDRESS

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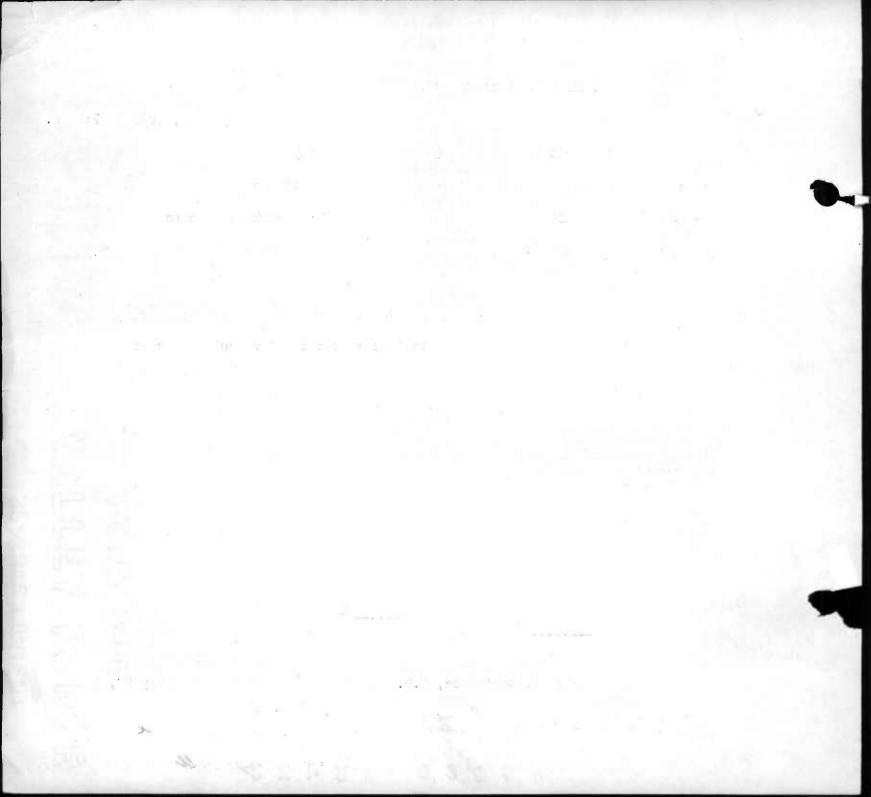
> ett sie ou .

VS 151-REV. I/1/68

68- 5423

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BII	RTH NO.	/4/11	JICAL EXAMINERS	CLICITI	CAILOI	DLAT	REG. N	0		
			SON GREGORY TR.	2. DATE OF	Knawn K	Month	Day	Year	Hour	м.
FUI	L NAME OF	(IF NOT IN HOSPI	WHERE PRONOUNCED DEAD TAL OR INSTITUTION, GIVE STREET	3. DATE	UNCED DEAD	Month May	Doy 19.	Yeor 1968	7:10	A. M
OR	INSTITUTION			5. USUAL R A. STATE		deceased liv	ed. If institut	lian: residence b		101.
Comparison Com		30 f								
1	Male	Negro			Raltimore	2	1	TO L		
		10. AGE (last birthd	In years If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.	E. STREET	AND NUMBER		Avenue	65 4	10 1	
11.	Butten Delten	Tare M.	WHAT COUNTRY?	Les	ferson	c G	rega	ry A	de.	
don	e during most of	forking life, even if retired)		Fas	mie G	Rints	tey			
16. (Ye	WAS DECEASE s, no or unknown)	ED EVER IN U.S. ARME (Il yes, give wor or dote:	D FORCES? 17. SOCIAL SECURITY NO.	18. INFORM	thert 1	Grego	un .	2806	Lata	wes
NO	(This daes no heart failure, injury or cam AN DISEASES C RISE TO THE	LEADING TO DEATH of mean the made of d osthenio, etc. It means th plication which caused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA	ying, e.g., e disease, eath.) (A) IMMEDIATE OF DUE TO, OR (B) DUE TO, OR DUE TO, OR	sclerot CAUSE AS A CONSEG	UENCE OF:	vascula	ar dis		ROXIMATE IF	ND DEATH
IFICATI	TO THE DEA	ATH BUT NOT RELATED TO	O THE TERMINAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
- 3	20A. DATE OF	OPERATION 20B. CO	NDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AUTO		or Na)
03	UNDERLYING UTING CA	OR CONTRIB-	22B.PLACE OF INJURY(e.g., hame, farm, foctary, street, offic	in ar abaut 2 ce bldg., etc.)	2C. WHERE DID (NJURY OCCUR?	(If in Boltimor	e City, give	exoct location)		
2	OF INJURY (APPROX.)	Manth) (Day) (Yea	WHILE AT NOT	WHILE	2F. HOW DID IN.	JURY OCCL	JR?			
	l certi result ACTUAL SIGNATU EXAMINE	URE Charles	Accident Suici	de Ho	OMICIDE DE LE COMICAL E STANT MEDICAL E DCIATE MEDICAL E	Undetermin XAMINER XAMINER XAMINER	med monne	r 🗌	date sigi	NED
RE	MOYAL (Specif	BY HEALTH DEPT.		e lai	LONAL DIRECT	COGATION CARE	(City, to	ADDRESS	77/	12.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT

	68-	5424
REG. NO.	00	以出版生

BIRTH NO.	CERTIFICA	ATE OF DE	AIT D. DATE AND HOUR OF DEAT	Н				
Type or Print)	074-							
Phillips 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	onounced dead	4. USUAL RESIDI	ENCE (Where deceased lived, II B. COUNTY	institution: residence before admission)				
FULL NAME OF ADDRESS OR LOCATION HOSPITAL OR MADDRESS OR LOCATION Provident Hospital 1514 Division Street Baltimore, Maryland	Inc.	Maryla c. CITY OR TOWN Baltim E. STREET AND I	ore	ARE X NO T				
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.				
Lengte	WED DIVORCED	11-26-9						
OA. USUAL OCCUPATION (Give kind of work 108. KIN one during most of working life, even if refired) Housewife	D OF BUSINESS OR INDUSTRY		State or foreign country)	U. S. A.				
3. FATHER'S NAME		14. MOTHER'S M						
John 1	Moare	1	Intrown					
5. Was Deceased Ever in W. S. Armed Farces? Tes,na ar unknawn) (If yes, give war or dates af serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	+ IPI:	ADDRESS Same				
118. // / 24. 1	CAUSE OF DEAT	rance	e a shell	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT		20 0	BETWEEN ONSET AND DEATH				
LEADING TO DEATH (This does not meen the mode of dying, heer foilure, osthenio, etc. It meens the distingury or complication which coused death, antecedent Causes DISEASES OR CONDITIONS, if ony, grise to the above cause (At stoling UNDERLYING CONDITION lost.	iving (B) UTO 1	USE Orefral A CONSEQUENCE O TO TO LOS A S A CONSEQUENCE MAN Q	lubulesis Le cardie	- 3tylas				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY	(Yes or No) 20B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in ar about 21C. WH affice bldg., INJURY	ERE DID (If in Boltin	nore City, give exoct location)				
OF INJURY (APPROX.) (Manth) (Doy) (Year) (Haur)	21E, INJURY OCCURRED While At Nat White Wark	ile 🗂	W DID INJURY OCCUR?					
22. I certify that (1) (this hospital) attend	led the deceased fram	5-2-68	ta	5-20-68 19 ,				
that (I) (we) last saw the deceased alive	on 5-20-68	19	and that in (my) (our)	opinian death accurred an the date				
and haur and from the causes stated aba-								
23A. SIGNATURE	7			23B. DATE SIGNED				
recult b. Cal	N M. D. DEGREE PH	ending Med	d. Shaff Phys.	5-20-68				
23C. PHYSICIAN'S NAME (Type)	DEGREE		L4 Division Stre	et - Balti. Md.				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF	REMATORY	24D. JOCATION	(City, tawn, or caunty) (State)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2507 FUNERAL	DIRECTOR	ADDRESS				
200. WALLE OF THE METER DEFT.	THE OF REGISTRAN	250 FUNERAL	111.1	1 -1 1 1 1 1 1 1				

ath sed the uch	BIRTH NO.	ATE OF DEATH
deat deat ease n th Suc	1.NAME OF DECEASED (Type or Print) David S. Fitzhugh	2. Date and hour of Death May 19,1968 5:00 P M.
F - 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
hosi use ; (5) danc dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 315 Lyndhurst Avenue	C.CITY OR TOWN Baltimore D. MSID. CITY.UMITS?
red in a outing ca ed cause ar attendar to prior to de.	Baltimore, Maryland 21223	ESTREEL AND NUMBER Avenue
occurre ontribut erminec regular eased p	5. SEX 6. RACE 7- MARRIED NEVER MARRIED WIDOWED DIVORCED	3-1-1912 36
or co ndete s in r dece	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
if d (4) U was the spos	13. FATHER'S NAME Emmanuel Fitzhugh	14. MOTHER'S MAIDEN NAME Bertha Randell
ssistant the di r kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	Rebecca Scribner 315 Lyndhurst Avenue
ef medical examiner or his as n medical examiner. Also, if dy burns; (3) A fracture of any e physician who pronounced cian was in regular attenda he remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: DEATH 20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
y the ital by e; (2) /here No ph befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR? (If in Baltimore City, give exoct location)
b hosp natur cept v id (6)	21 D. TIME (Month) (Doy) (Yeer) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Wo	
approto the the of any all (exch); and be obt	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on 12 2	ond that in(my) (our) opinion death occurred on the date
ificate must be was released)) An accident A. at a hospit d prior to deat	23CALEURPE) DEGREE P 24A. BURIAL CREMATION, 124S. DATE 24A. BURIAL CREMATION, 124S. DATE	Attending Med. Shaff May 2 1.68 23B. DATE SIGNED My 2 1.68 23D. ADDRESS 4008 Edmandson The May 21.
This certif the body shows: (1) was D.O./ deceased written a	BULLE 5-13-68 Cellutus M 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAY 2 4 1968 Recistrar	Tem. Th. Baltimere Md. 8 25C-FUNERAL DIRECTORY Shillish 172M Mary

FUNERAL DIRECTOR:

IMPORTANT

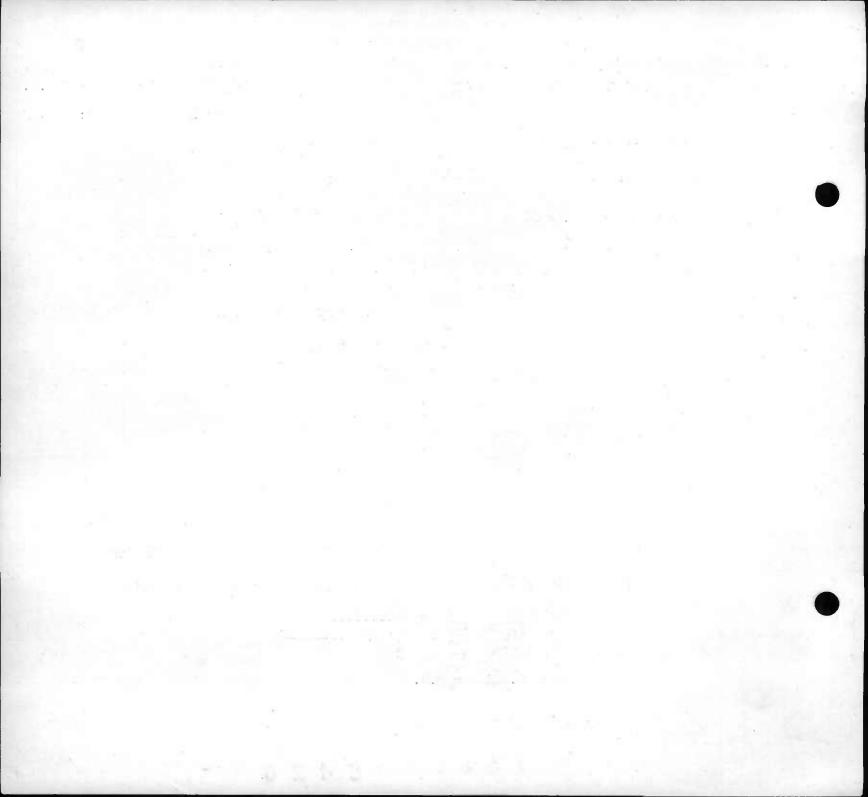
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68- 5426 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO._

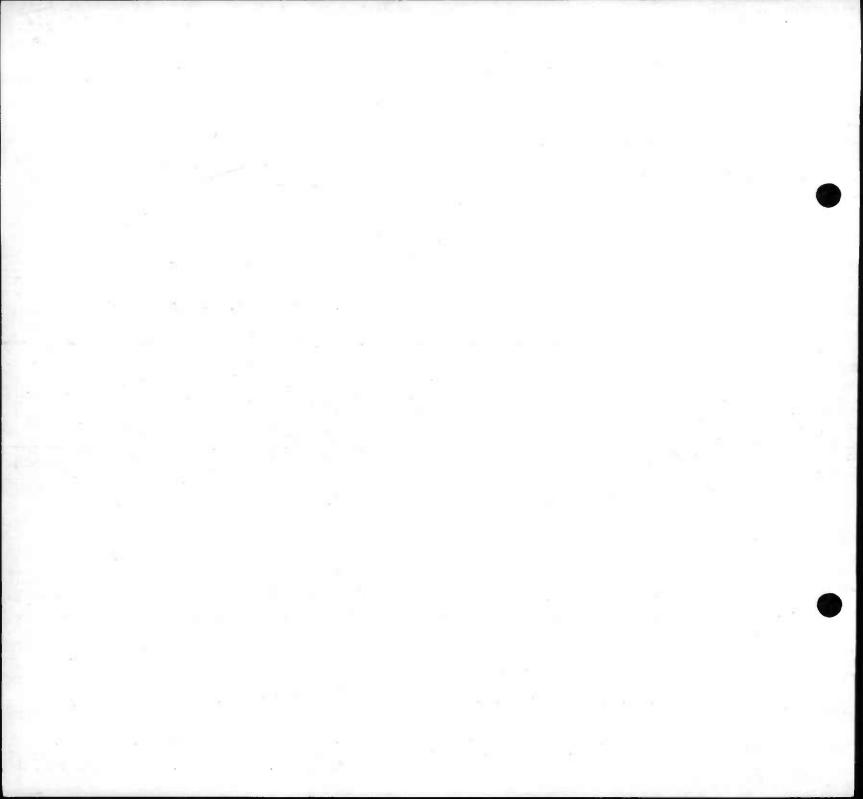
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BIRTH NO.	KEG, NO.
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print) MURRELL LEE FOUNTAIN	OF DEATH Estimoted May 19, 1968 4:15 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 19, 1968 4:15 A.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
4838 Beaufort Avenue	A. STATE Maryland B. COUNTY
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
Male Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
4-1-1926 42?	4838 Beaufort Avenue
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Virginia WHAT COUNTRY?	Daniel - Dunter
	VI.S. MOTHER'S MAIDEN NAME ON
14A.USUAL OCOUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done during work of working life, even if refired)	on -t
Sagaree	11/alpa 11/icheus
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown))(If yes, give wor or dates of service) 17. SOCIAL SECURITY NO.	ADDRESS ADDRESS
, , , , , , , , , , , , , , , , , , , ,	Martha Haundain Naute d. U.A.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Stab wor	and ofAorta
LEADING TO DEATH	
(A)IMMEDIATE (CAUSE AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	A CONSEQUENCE OF
ANTECEDENT CAUSES (B)	\$
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
δ	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
O 5	
	yes
S 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) te bldg., etc.), INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	4834 Beaufort Avenue - Living Room
	22F. HOW DID INJURY OCCUR?
(APPROX.) May 19, 1968 3:36a WHILE AT NOT	WHILE Stabbed by unknown assault
23.	WORK X Stadded by unknown assault
	topsy K and that an this basis, death in my opinion
resulted from: Watural causes Accident Suicio	
ACTUAL FLAND & NAME	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE O WAR M.C	ASSISTANT MEDICAL EXAMINER [52]
EXAMINER'S Edward F. Wilson, M.D.	ASSOCIATE MEDICAL EXAMINER May 19, 1968
NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMAJORY (24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify) 5-1218 Family	Alst Hansues Co. 11A.
DATE DECID BY HEALTH DEDY	25% FUNERAL DIRECTOR // // ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ADDRESS ADDRESS
MAY 2 4 1968: P. D. to En Tabley 12	- William Skiller 1 211 Moule
VS 151-REV. 1/1/68	5 1 1. 577
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dec shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So written approval must be obtained before the remains are embalmed or final disposition is made.
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00	BALTIMORE CITY	HEALTH DEPARTMENT		68- 542				
68- 542	27 CERTIFICA	TE OF DEATH	REG. NO	00 042				
			D HOUR OF DEATH	1.0				
(Type or Print) Charles H. Kr	roneberger	May	23 1968	1910 A				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO			e deceased lived, If ins	titution: residence before admis				
THE NOT IN LOCKITAL OR INSTITUTE	UTON CIVE STREET	Maryland	-					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	UTION, GIVE STREET	C. CITY OR TOWN	D WSII	DE CITY LIMI S2				
		Baltimore		YES NO				
2709 Gibbons Ave. #14	+	E. STREET AND NUMBER						
00		2709 Gibbor	s Ave. #1	4				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 24 Months: Doys Hours Mi				
Male White WIDOWED	DIVORCED	7/11/1881	lost birthdoy)					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUN				
done during most of working life, even if retired) Self Emp (EE Ret) Coffe	e Business	Maryland		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE					
Charles Kroneberger			re Miller					
	16 505141	17. INFORMANT	e witter	ADDRESS				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.							
No	212037495	Mrs. Dorothy	H. Kroneb	erger (Same)				
18.44 / 2 /	CAUSE OF DEAT	н		APPROXIMATE INTERV				
DISEASE OR CONDITION DIRECTLY	Ceril	ral Vasselyn	accide	1 D.				
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) IMMEDIATE CAL	JSE A CONSEQUENCE OF:						
heart loilure, asthenia, etc. It means the disease,		SID-SELLIFOL	Tie Home	v .				
injury or complication which coused death.)		w) surdio - vs		1 znex				
ANTECEDENT CAUSES		A CONSEQUENCE OF:	cunur sca	use //				
DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the		A CONSEQUENCE OF:						
UNDERLYING CONDITION Iosi,	(c)							
443X II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	(898788880000000000000000000000000000000	Town and the same of the same	1					
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	PLACE OF INTERVIOR	n or obout 21 C. WHERE DID	(If in Rollimore	City, give exact location)				
OR CONTRIBUTING CAUSE OF hon	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(ii iii Bullinore	City, give exact foculion;				
U								
OF INJURY	. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
(APPROX.)	nile At Not While	e 🗌	-					
22. I certify that (1) (this hospital) attended t	he deceased from	brusy V	196/ to ma	ey 23 196				
that (I) (we) last saw the deceased alive an	may 17 -	19 6 8 and th	at in (my) (our) aplr	nion death accurred an the				
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED								
Grown Rounn		ending Med.	Staff Phys.	5/2/1/68				
23C. PHYSICIAN'S	DEGREE Phy	s. Director L	rnys. 🗀	1-1041-0				
NAME (Type)			Rd Balta	more Mr				
The state of the s	DEGREE	4808 Harford						
REMOVAL (Specify)	AME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	ly, town, or county) (Sto				
	rraine Park		altimore,	Md.				
25A. DATE REC'D BY HEALTH DEPL 25B. NAME	SE REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS				
1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- TON MENTAL	Leonard J.	Ruck Inc.	5305 Harford				
S 150-REV. 1/1/6B		-						



Such

a hospital and

1	0.0	BALTIMORE CITY	HEALTH DEPARTMENT	68- 5428						
1. N (Ty 3.	68	5428 CERTIFICA	TE OF DEATH REG. NO	. 00- 3420						
1. (Ty	RTH NO. NAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH						
	ype or Print) Edna A. Mor	WAT!	May 23, 1968							
3.	PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution; residence before odmission)						
H	JLL NAME OF (IF NOT IN HOSPIT) OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Maryland c. CITY OR TOWN	INSIDE CIP LINES?						
	Ardleigh Nursing	Home	Baltimere E. STREET AND NUMBER	NO D						
V	O MIGITALISH MULSING	Heme	1317 Northern Parkway	5Z						
5.	SEX 6. RACE White	7. MARRIED NEVER MARRIED #	B. DATE OF BIRTH 9. AGE (In years lost birthday) 87	II Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.						
	A. USUAL OCCUPATION (Give kind of work ine during most of working life, even it retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY						
T.N/(Typ) 3. P FULHOS 5. SI 10A. done 13. F 15. V (Yes,	Floor Lady	Manufacturing	Baltimore Maryland	USA						
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
	Samuel Wilson Morrey	4	Anna Augusta Zumar							
T.NA (Type 3. PL HOSTI DA TO	. Was Deceased Ever in U. S. Armed For es,no or unknown) (If yes, give wor or dote	1 6. SOCIAL SECURITY NO. 213-05-0289	17. INFORMANT Mr. Joseph Morrow	Address Same						
	18.	CAUSE OF DEATI	1	APPROXIMATE INTERVAL						
	DISEASE OF CONDITION DIRECTLY									
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. II means the disease. (A) IMMEDIATE CAUSE Arterioscleratic cardio 10 yrs. DUE TO, OR AS A CONSEQUENCE OF: Vascular disease									
	(This does not mean the mode of	dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF: TO GO11 on di	Salsa						
	heart failure, asthenia, etc. II means injury or complication which caused		Vascular di	56836						
	ANTECEDENT CAUSES	Senil	e hrain syndrone	7 777						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:									
	rise to the obove cause (A) UNDERLYING CONDITION last.									
1	422,1 11									
ATION	OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL CHYONIC	ostecarthritis (both	Knees) 2 yrs.						
ERTIFICATION	19A. DATE OF OPERATION 19B. CON WAS PERI	FORMED	No IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?						
4	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, lorm, factory, street, of etc.)	n ar about 21C. WHERE DID (If in Balfice bldg., INJURY OCCUR?	timare City, give exoct location)						
MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY (A PPROX.)	(Hour) 21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?							
	22		arch 27. 10 68	May 23, 10 68						
	Learning that (1) (1) and the deceased from 17									
		ed alive an Hay God (did not) v		apinian death accurred on the date						
	23A. SIGNATURE	19) 1		23B. DATE SIGNED						
	Toloers	C. Sun A Zimphys	nding Med. Staff Phys.	May 23, 1968						
	23C. PHYSICIAN'S		23D. ADDRESS							
	Dr. Lloyd Sa	aylor, M. D.	3902 Greenmount Avenue							
FZ 15. 10 do 13. 15 (%)	A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE		(City, town, or county) (State)						

Baltimore Maryland Leonard J. Ruck Inc. 5395 Harford Road

ADDRESS

5/25/ DEPT.

HEALTH

Burial

25A. DATE REC'D BY

VS 150-REV. 1/1/68

68

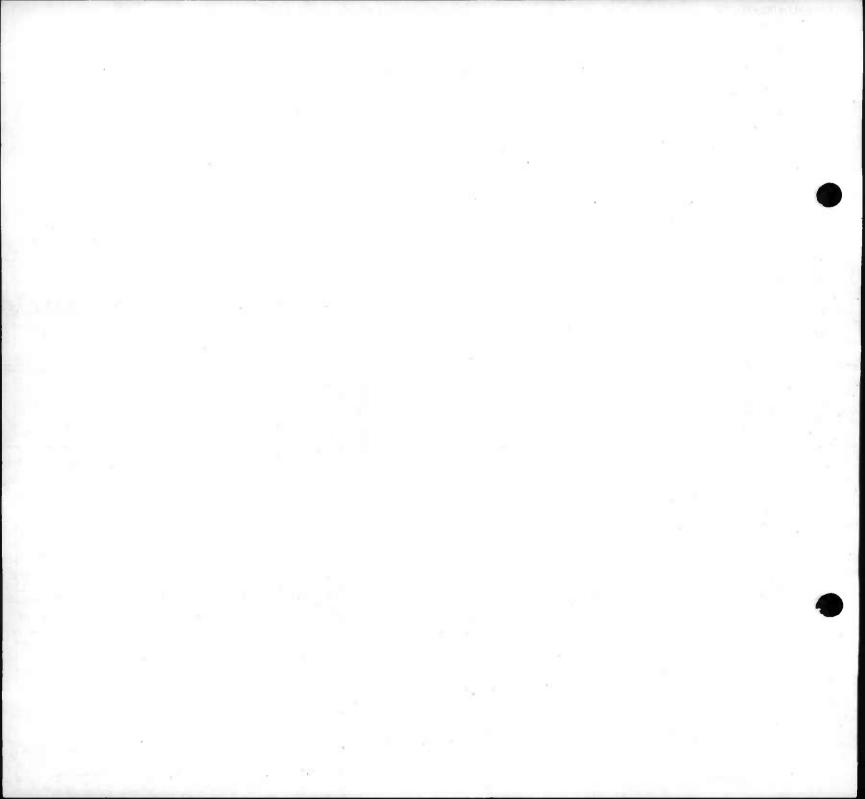
68 Woodlawn Cemetery
25B. NAME OF REGISTRAR



	BALTIMORE CITY	HEALTH DEPARTMENT	00 5100						
08- 54	429 CERTIFICA	TE OF DEATH	reg. no. 68- 5429						
BIRTH NO.									
Type or Print)	n 1.1	2. DATE AND HOU							
Max F.C.	Pawlik	5-23							
B. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUN CED DEAD	4. USUAL RESIDENCE (Where deceosed A. STATE B. COUNTY	sed lived. If institution; residence before admissio						
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION GIVE STREET	Manuland	7-1-10						
OSPITAL OR ADDRESS OR LOCATION)	The state of the s	Maryland c. CITY OR TOWN	D. INSIDE CITY LIMITS?						
1311011014		Baltimore	160						
A Hause in the Din	2.1	E. STREET AND NUMBER	YES A NO						
House in the Pine Belvedere Ave.									
		2811 Rosalie Ave	9.						
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE							
As see	WED TO DIVORCED	9/10/1874 last birth	doy) Months Doys Hours Min.						
A. USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (Stote or foreign count	I CITITEN OF WHAT COUNTY						
one during most of working life, even if retired)	ID OF BOSINESS OR INDUSTRI	TI. DIKINITAGE (Store or foreign count	12. CITIZEN OF WHAT COUNTI						
Engineer		Germany	USA						
- FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
2		THE STRAINER HAVE							
•		?							
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS						
es, no or unknown) (If yes, give wor or dates of serv	security No.								
No	212096357A	Mrs. Marie F. N	Nyborg- 2811 Rosalie						
118.	CAUSE OF DEATI	1	APPROXIMATE INTERVAL						
18.00			BETWEEN ONSET AND DEA						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									
(A)IMMEDIATE CAUSE CC IN CER C' PIGGGER I VEGE									
heart foilure, osthenia, etc. It means the disease,									
injury or complication which coused death.)			2						
ANTECEDENT CAUSES									
(8)									
DISEASES OR CONDITIONS, if any, g		A CONSEQUENCE OF:							
rise to the abave cause (A) stoting the UNDERLYING CONDITION last.									
181,0 11									
OTHER SIGNIFICANT CONDITIONS CONTRIBUT									
[TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF CONDITION GIVEN IN PART 1 (A).	NAL	**********	***************************************						
19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?							
214 ACCIDENT WAS UNDERLYING	210 01 4 05 05 1411104/								
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in	fice bldg. INJURY OCCUR?	(If In Boltimore City, give exact location)						
DEATH (notify medical examiner)	etc.)								
21D-TIME (Month) (Doy) (Year) (Hour)	215 141111 0 0 0 0 1122	215 110 111 111 1111 1111							
21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?						
(APPROX.)	White At Not While At Work	· 🗀							
22. I certify that (I) (this hospital) attend	led the deceased from	September 1967	10 199 73, 1968						
A .									
and hour and from the causes stated above	ve. (1) (We) (<u>dtd)</u> (did nat) v	lew the bady ofter death.							
23A. SIGNATURE			23 B, DATE SIGNED						
1 Des als		nding Med. Staff	5-11/10						
y Cin	GEGREE Phys		5-24-66						
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	1 0						
K. Dong a	Daydort	6077 Harto	rd Kd						
A RUPLAN COSTANTION OF THE	GEGREE								
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	IC. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)						
D 1 2 1 - 1 1 1	1-3 5	Raltin	more, Md.						
7/~//	Joly Redeemer	Cem.							
SA. DATE REC'D BY HEALTH DEPT.	WE OF REGISTRAL	25C. FUNERAL DIRECTOR	ADDRESS						
4 1000 (1/21/w.	STO CA STREAM STREET	AT dansal of B.							

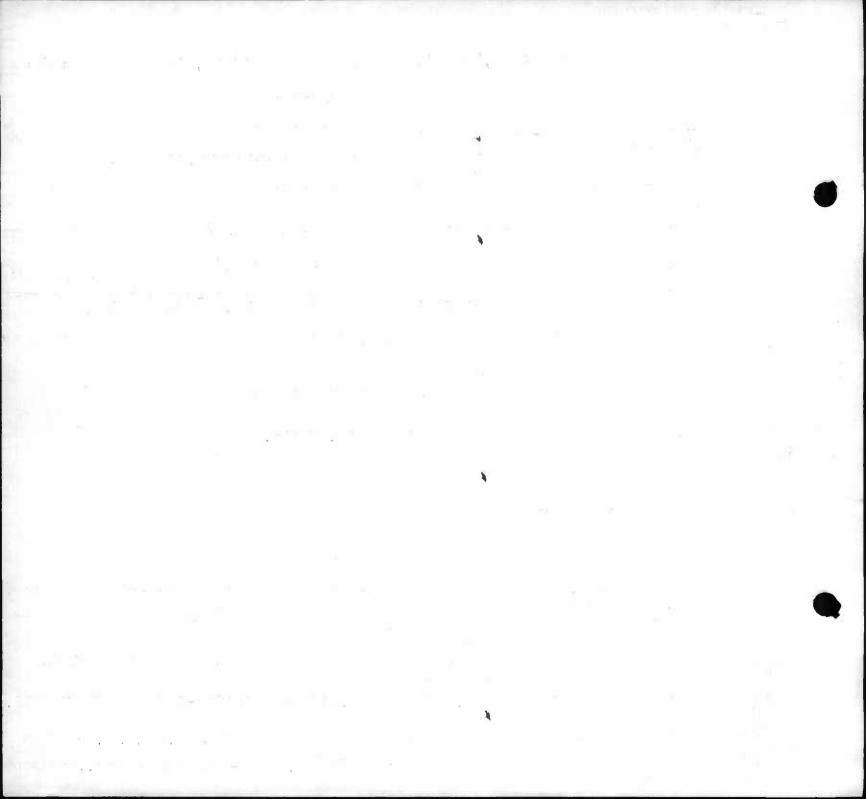
VS 150-REV. 1/1/68

Legnand J. Ruck Inc. 5305 Harford Rd



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Was Was
certi Sody VS: (1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	H NO.			54		CERTIFIC	CATI	E OF			,		- 67	0)45	U —
	AME OF DEC	EASED	CAR	LAND.	, 22	RALPH	BLA	IR	2. 0		AY 20				8:0	0 P.
3. P	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST AGNES HOSPITAL-CATON & WILKENS AVE BALTO MD 21229						4. A	USUAL	RESIDENC		ere deceose			residence		
FUL							11.00		RYLAN	D		9,6	1.6	0	52.	00
INS.									NWOT	ODE		D. INS	SIDE CITY L			
S							S E.		ALTIM				YES		10 🗌	
IA								328 W RIVERVIEW ROAD								
5. SI		6. RACE		7- MARRI	ED NE	VER MARRIED	8. 1		F BIRTH	-	9. AGE (In	yeors y)	If Unde Months	Doys	If Under Hours	24 Hrs Min.
	ALE	WH		WIDOW		DIVORCED		02	04 1		57		120 015			
	USUAL OCCU	vorking life,	even if retired)				151KT 11.	BIKIMP			-111		12. CIII	ZEN OF V	WHAT C	OUNTR
	CAB D		?	TA	XI C.	ABS					VANIA	1		US	Α	
	FATHER'S NAM	ΛE					14.		ER'S MAID							
	DAVID								LA (WIC	KER)					
Yes,	Nos Deceosed ,no or unknown)	(If yes, gi	S. Armed Fo	rces? es of servic	e) 1 6. SC	CURITY NO.		INFORM		DE	CODDS	CAT	2 140	ADDRES		A1/ E
	NO					2123689	9	ST	ARIZET	1196	RERDS	ARPL.	AND 2		ENS	AVE
	18. 5 DISEAS	F OR CO	I NDITION DI	IDECTI V		CAUSE OF D		001	AA					BETWEEN	ONSET A	
			TO DEATH			(A) IMMEDIATE	ATIC	CUI	AP					190		
	(this does not mean the made of dying, e.g., heart laiture, asthenio, etc. It means the disease,			R AS A C	ONSEQL	ENCE OF:										
	injury ar cam												730			
	,	ANTECEDI	NT CAUSES	S		(R)			FFICI		Υ					
	DISEASES C			,		DUE TO, O	RASA	ONSEQ	UENCE OF	:						
	UNDERLYING			o, a, i, i,		(c) LAE	NEC.	C.I.R.I	RHOS.1	S						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).																
	19A. DATE OF		N 19B COL		R WHICH	OPERATION		20A. AL	NO	s or N	ol 20B. IF	ES, WERE	FINDINGS AUSES OF	CONSID	ERED	TT
U	21A. ACCIDEN	T WAS U	NDERLYING [21B. PLAC	E OF INJURY	e.g., in or	obout 2	C. WHERE	DID	(1	f in Baltima	ore City, giv	ve exact lo	cation)	
AL	OR CONTRIBU	TING C	AUSE OF	_	home, lorn etc.)	n, loctory, street	et, office	bldg., II	AJURY OC	CU R?						
DIC	21 D. TIME	(Month)	(Doy) (Year)	(Hour)	21E, INJU	RY OCCURRED)	2	1F. HOW I	DID IN	JURY OCC	J R?		-		-
ž	OF INJURY While At Not Wh						While	7								
	Work Al Work						1.7 9	Y 4		_	10 68	- MA	Y 20		10	68
1 1	22. I certify that (IX(this hospital) attended the deceased from MAY 4 19 68 to MAY 20 19 68 that (I) (we) lost sow the deceased alive on MAY 20 19 68 and that in (MyX) (our) opinion death occurred on the data															
	that (1) (we) lost sow the deceased alive on MAY															
	ond hour and fram the couses stated above. (1) (We) (did) (did) (did) (n)(1)						MI) Alea	The D	ody offer	deoin.			23 B. DA	TE SIGNE	D	
	Allen	molin	lu	116 1	18	2_	Attendi	19	Med. Directo		Shaff Phys.			20		8
. 1	23 C. PHYSICIA	N'S	1	0	cop.	GEGREE		ADDRI		r 🖵	rnys. 📯					
	ALE I	ANDR (MEJI	Λ	MD.		C	Т	ACNES	HO	SPITA	L-CA	TONAN	HIKE	NIC	AVES
24A	BURIAL CRE	MATION,	24B. DATE	, ,		CEMETERY o	LOUEL!		AGINES		OCATION		City, town,			(Stote)
	Burial	pecify)	£ 22 7	068 11	~] C	noon Com	na +			Da	tabia					
25A	DUL'INI	BY HEALT	5-23-19		OLY W	STRAR Cen	ne ter	25C. FL	JNERAL D	RECTO	tchie	ngwy.	A.A.	ADD	RESS	land
	- M	AY 2.				Farberin		Geor	ge J.	Gon	ce-400	1 Rit	chie H	Igwy.	, Balt	imo
	25.00		LIVUU	ULA VIEW	U GA	A STATE OF THE PARTY OF THE PAR									-	



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

CO 5404 BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. 68- 5431 CERTIFICA	TE OF DEATH REG. NO.
INAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) NAN F. SMALNWOOD	5/22/68 450/PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, tl institution; residence before admission) A, STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
4 +UNION MEMORIAL HOSP	E. STREET AND NUMBER 1300 HOLM HURST AVE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
F WIDOWED DIVORCED	12-24-97 lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tana France	MARY FRANCES
15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
IB. / CAUSE OF DEAT	H APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY AND LITE	e Myocardial Infanction BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:	
injury or complication which coused deoth.) The complete of the course	
ANTECEDENT CAUSES	Anteror Despend
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:	
Inise to the above cause (A) stating the UNDERLYING CONDITION tast, (C) + (C) CONTICK	
- 420.1 II	
1 7 / 5 7 7	EXA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S O/10/66 CA ST UREAST	YES
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., independent of the control of the contr	in or about 21C. WHERE DID (If In Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While At Work At Work	
22. 1 certify that (1) (shis-hospital) attended the deceased fram	5/1/ 1968 to 5/22 1968.
that (1) (we) last saw the deceased alive an 5/22 19 68 and that in (my) (out) apinion death accurred an the date	
and haur and from the causes stated above. (1) (We) (did) (dtd nor)-view the bady after death.	
23A. SIGNATURE 23B. DATE SIGNED	
Attending Med. Stroff S 122/68	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
DR. W. H. OEHLERT, JR. DEGREE THE UNION MEMORIAL HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
Burist 1/25/68 Joudon Tark Gemeting Treduck How Ballo Mit	
25A. DATE REC'D BY HEALTH DEPT. 25R-NAME OF REGISTBAR 25C. FUNKAL DIRECTOR ADDRESS	
MAY 27 1968 Roberto E. Fribusta Stable D. Mar Matt for 301 Trederick Rd-28	
Ve 160 BEV 1/1/49	1)

B 14 49 = 17 74

68- 5432 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 68- 5432 BIRTH NO. 64-32617 NAME OF DECEASED DATE Known Sz Month Doy Year Hour OIANE ELIZABETH TINGLER OF Estimoted . 23 68 DEATH B:15 p 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Hour Month Doy Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 1968 HOSPITAL ADDRESS OR LOCATION) May OR INSTITUTION USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY Maryland C. CITY OR TOWN <u>Union Memorial Hospital</u> 6. SEX D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED YES V White Balto.

E. STREET AND NUMBER NO Female 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy) Months, Doys, Hours, Min. 1159 Gorsuch Ave 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13 FATHER'S NAME WHAT COUNTRY? Baltimore, Md. Donald L. Tingler 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME fone during most of working life, even if retired) Diane Clayton none 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wor or dotes of service) B. INFORMANT ADDRESS SOCIAL SECURITY NO. Diane Tingler, mother, above CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 3° burn, 65% of body (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO. OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O CATI -11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No.) No Z 22A. 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, factory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB UTING CAUSE OF DEATH. Redroom 2nd floor 1157 Gorsuch Ave **Home** 22D. TIME (Month) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY WHILE AT NOT WHILE (APPROX.) AT WORK 68 2:400 WORK Subject playing with matches I certify that I held on Inquiry InspectionXX Autopsy ond that on this bosis, death in my opinion AccidenXX Suicide Undetermined monner Notural couses CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) May 24. 1968 Edward F. Wilson, M.D. 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION 24B. DATE (City, town, or county) REMOVAL (Specify) Burial 5/25/68 Moreland Mem. Park Baltimore, Md.
25c. FUNERAL DIRECTOR FUNERAL DIRECTOR FUNERAL Home, Inc. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 3331 Brehms Lane

11-22 44

VS 151-REV. 1/1/68

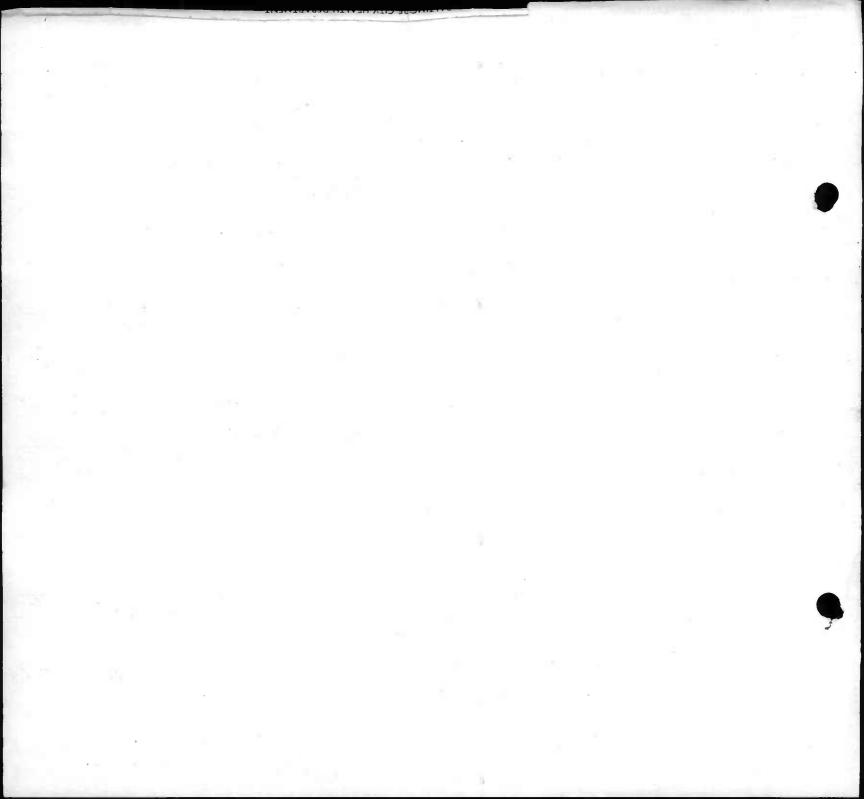
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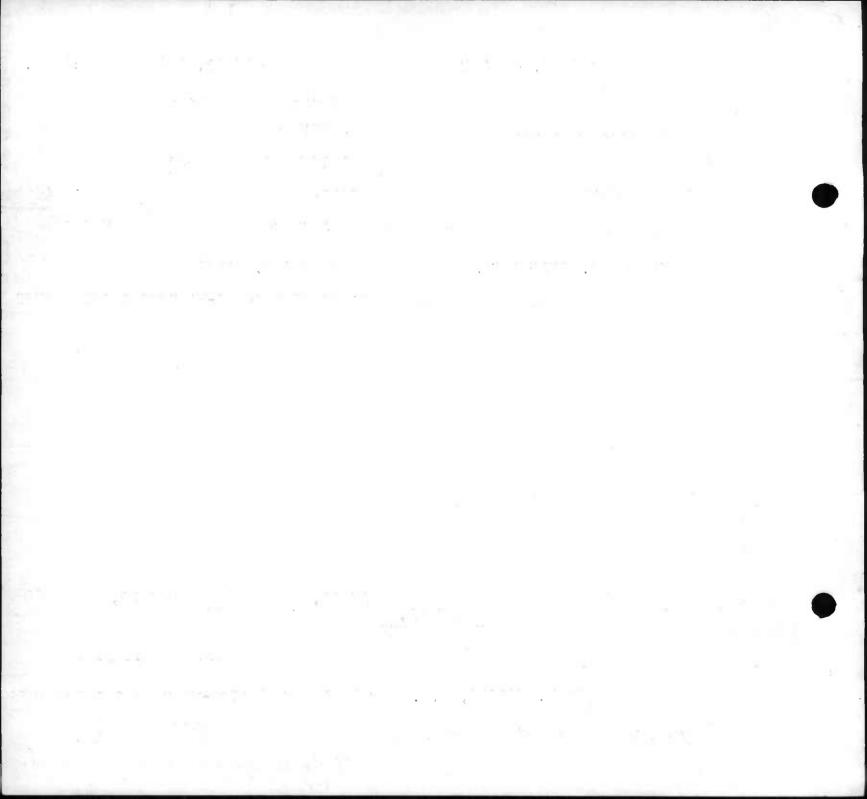
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fractured any kind; (4) Undetermined cause; (5) Deceased by the physician who proposed death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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0	68-	- 543	3 CERTIFICA	TE OF DE	ATH	REG.	NO	68	5433
BIRTH NO. 1. NAME OF DE (Type or Print)		E V. K	AISER			ND HOUR OF		1.0	.15 -
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID					:15 a. M.
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Md.	, 212 N	05		E CITY LIMITS	7-01
00	605 N. Robi Baltimore,			E. STREET AND		e _O binso		ves 🔏	NO .
5. SEX female	6. RACE White	WIDOWED		8. DATE OF BIRTI 12/1/89	Н	9. AGE (In yellost birthdoy) 78	ears	If Under 1 Y Manths Day	s Haurs Min.
	CUPATION (Give kind of work if working lite, even il retired) ife	at h		Baltin				12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S N	eorge E. Cro	oucher		Anna		ME			
	d Ever in U. S. Armed For (n) (If yes, give war ar date	s of service)	16. SOCIAL SECURITY NO. -12-7614B	John M	. Kai	ser,hu	sband		e e
DISEASES iise lo i UNDERLYIN OTHER SIGN TO THE DE, DISEASE OR 194. DATE O	not mean the mode of a sihenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) ING CONDITION last. IIIIFICANT CONDITIONS CONTINUE TO THE BUT NOT RELATED TO TONDITION GIVEN IN PART OF OPERATION 198. CON WAS PER	Ihe disease, death.) any, giving stoling the MIRIBUTING HE TERMINAL TO A COMMENT OF THE TERMINAL TO A	(B) DUE TO, OR AS (C)	a consequence A consequence A consequence A consequence A consequence	of: ateu	IN CERTIFY	ING CAUS	NDINGS CON	H?
DEATH (noti	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) (Manth) (Doy) (Year)	hom etc.)	PLACE OF INJURY (e.g., je, farm, foctory, street, of			JURY OCCUR		City, give exo	ct locotion)
OF INJURY (APPROX.) While At Nat While At Wark 22. I certify that (I) (this hospital) attended the deceased from Tell 1968 to May 23 1969, that (I) (we) last sow the deceased alive on May 2 2 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Shaff Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) Dr. Louis F. Klimes 23D. ADDRESS 4814 Bowleys Lane									
Bur			AME OF CEMETERY OF CRICAL LAWN COME	etery	B	altimo	re, M	-	ADDRESS
VS 150-REV. 1/1	MAY 27 1968	Resib	E. Farkeria		Breh	funera ns Lan	e T HOM	ie, In	С.



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put hed	except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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68- 5	434 CERTIFICA	HEALTH DEPARTMENT	REG. NO.	68- 5434
	CERTIFICA			
(Type or Popt)	V CIDI		D HOUR OF DEATH	0.10 1
GATELY, BAE			AY 23, 196	8 8:10 A.M.
3. PLACE IN BALIIMORG MARILAND, WHERE PRO	NOONCED DEAD	A. STATE B. COUN	TY	2 5-04
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	21229	DE CITY LIMITS?
INSTITUTION		BALTIMORE	D. INSIL	YES NO D
ST AGNES HOSPITAL		E. STREET AND NUMBER		
70		1035 WEDGEV	WOOD ROAD	
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED		9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHITE WIDOW	VED DIVORCED	05/23/68	iosi bilinody,	3 46
10A, USUAL OCCUPATION (Give kind al wark 10B, KINE dane during most of warking life, even il retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Home with the state of the stat	-	MARYLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
THOMAS J. GATELY	IR.	BARBARA J.	SIPES	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na ar unknown) (If yes, give war ar dates of servi	SECURITY NO.	ST AGNES RECO	ORDS-WILKE	NS & CATON AVES
1867 66 8	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givinse to the obove cause (A) stating underlying condition last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO THE DEATH BUT NOT RELATED TO THE TERMINATE TO	(C)	A CONSEQUENCE OF:		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes at No	20B. IF YES, WERE FI	INDINGS CONSIDERED
O .		NO		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., i hame, farm, factory, street, at etc.)	fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
21D.TIME (Manth) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
₹ (APPROX.)	While At At Wark	• 🗆		
22. I certify that (X) (this haspital) attend	ed the deceased from	1AY 23.	19 68 to MA	Y 23, 19 68,
that () (we) last sow the deceased olive	on MAY 23,	1968ond th		ion death accurred an the date
ond haur and fram the causes stated abav	e. (1) (We) (did) (did not) v	iew the bady after deoth.		
23A. SIGNATURE	MAN		s. " —	23B. DATE SIGNED
John K. We	erefly It DEGREE Phy	nding Med. Director	Staff Phys.	05/23/68
JOHN K. WEA	/ /	ST AGNES HOSP	ITAL-WILKE	ENS & CATON AVES
24A. BURIAL CREMATION, 24B. DATE - 24			OCATION (Cit	y, tawn, or county) (Stote)
REMOVAL (Specify) 5-24-68	Cathe Oral C	em.	Bellinon	, ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NA		25C. FUNERAL DIRECTOR	1-11	ADDRESS
MAY 27 1968 (1.0.)	5 8. Falloman	Tarlan-Com	rang OTH	Cotonwelle ma.
7.00 7.4				



RTH NO.	68-	5435 CERTIFICATE OF	DEATH	REG. NO.	68- 54
NAME OF DECEASED	Wooles	Philling	2. DATE AND HOL		11.20

BIRTH NO.	DECEASED	08- 04	30 CERTIFICA	ATE OF D		HOUR OF DEA	TH		
(Type or Print) Samuel Wesley Phillips 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						22, 1968		11:20	A ,
						deceased lived. t	f institution: res	sidence before od	missio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				Va.	VA 1	/	NSIDE CITY LIA	1TC2	
NOTTUTION				c. city or tow Hague	VIV	D. 1	YES T	NO T	
/ \/	blic Health S Wyman Pk. Dri		spital	E. STREET AND	NUMBER 1				
5. SEX	6. RACE		X NEVER MARRIED	B. DATE OF BIRT		AGE (In years	If Under	1 Yr., If Under	
M	W	WIDOWED	DIVORCED	8/31/	13	st birthdoy) 54	Months		Min,
done during mo:	CCUPATION (Give kind of at of working life, even if retire owner vessel			Md.	(State or foreign	n country)	12. CITIZ	USA	DUNTR
13. FATHER'S	NAME Edward Philli	ps	_	14. MOTHER'S Amel:	MAIDEN NAM ia Helen				
5. Wos Deced Yes, no or unkn	used Ever in U. S. Armed lown) (If yes, give wor or	Forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Record		B Hospit		ADDRESS to, Md.	
1B. //	2.7		CAUSE OF DEA	тн			I.	APPROXIMATE IN	
DIS	EASE OR CONDITION			N	-				
	LEADING TO DEA	тн	(A)IMMEDIATE CA	SACONSEQUENCE	Inoma	of t	he	8 mout	45
	es not meon the mode ure, osthenio, etc. It me		DUE TO, OR A	A CONSEQUENCE	OF: -/		0		
	complication which cou		Lu	ng with	Wid	e sprea	d		
	ANTECEDENT CAU	SES	100	et et	. 05				
DISEASE			(B)	e Tastas S A CONSEQUENCE	E OF:				
	the obove couse	,	000 10, 0%	S A CONSEQUENC	JE 01.				
	TING CONDITION Iosl.		(c)						
11	2 V II								
O THER SIG	SHIFICANT CONDITIONS	CONTRIBUTING							
	EATH BUT NOT RELATED TO								
	OF OPERATION 198.		WHICH OPERATION	20A. AUTOPS	SY? (Yes or No)	20B. IF YES, WE	RE FINDINGS CAUSES OF D	CONSIDERED EATH?	
21 A. ACC	IDENT WAS UNDERLYIN	IG 218	PLACE OF INJURY (e.g.,	in or obout 21 C. W	HERE DID	-	more City, give	exact location)	
OR CONT	RIBUTING CAUSE OF	hon	ne, form, foctory, street,	office bldg., INJUR	Y OCCUR?	(1 11 2 3 11		oxoci toconon,	
OF INJUR	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HO				OW DID INJU	RY OCCUR?			
22 1 000	tify that (1) (this hasp				16	68 ta M	ay 22	19	68
	we) last saw the dece			19 681	_	in (my) (aur)	- 4-46 - 000		the do
	and from the causes					()		.,	
23A, SIGN		stated above. (i) (me) (ala) (ahay yo))	view the bady a	itter death.		23B. DATI	SIGNED	
23A, 31GN	ATORE	11+		tending 🗀 M	Ned. S	taff (चून			
	Henry &	2 Curol.				taff hys.	2/2	2/68	
23C. PHYS	enry S. Crist	SA Surg	(R)	US PHS	Hospita	l, Balto,	Md.		
	CREMATION, 248. DATE		AME of CEMETERY OF C		24D. LO	CATION	(City, town, or	county)	(Stote)
Burie	AL (Specify)	4 40 0	rmel Methodis			it Morela			, 310/16/
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	250 TUNER	AL DIRECTOR			ADDRESS	17/4
	MAY 9 7 1968	100 2	F 42 0	19 F.	cline &	Sons Re	isterst	oun. Id.	

IMPORTANT

FUNERAL DIRECTOR:

death

was D.O.A. at a hospital (except where the physician who pronounced

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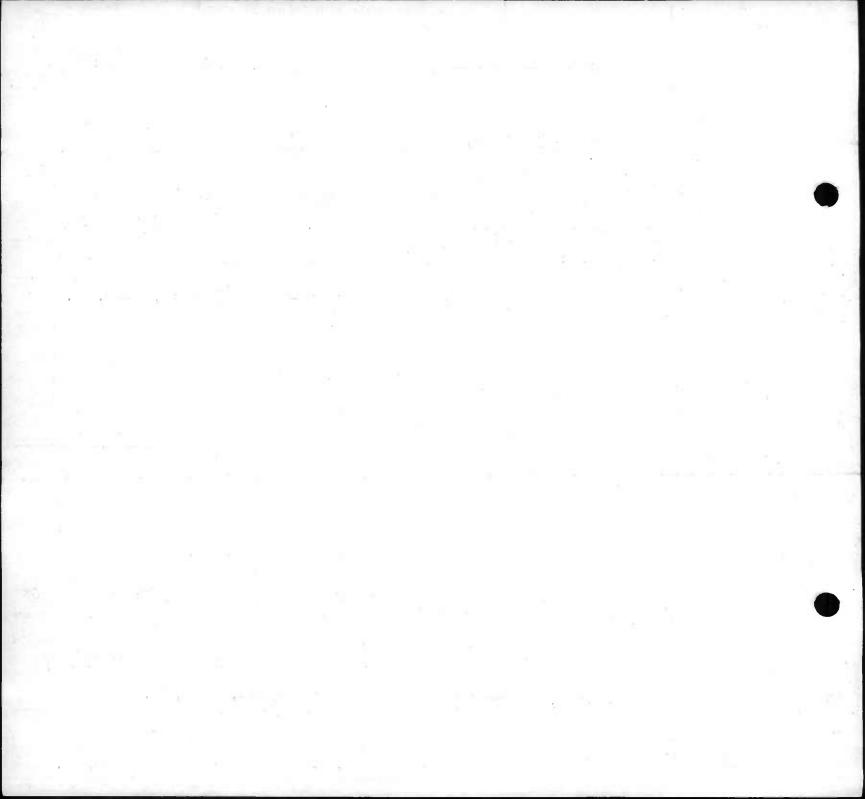
West Moreland Co. Virginia

25G FUNERAL DIRECTOR; ADDRESS

J. F. Eline & Sons Reisterstown, Md.

VS 150-REV. 1/1/6B

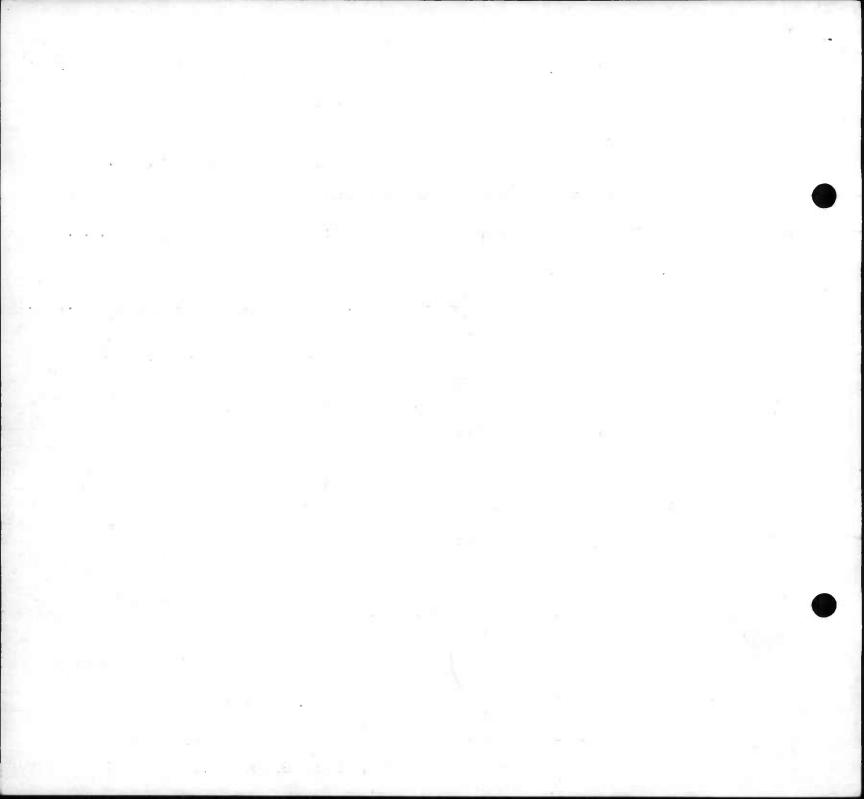
25B, NAME OF REGISTRAR



IMPORTANT FUNERAL DIRECTOR:

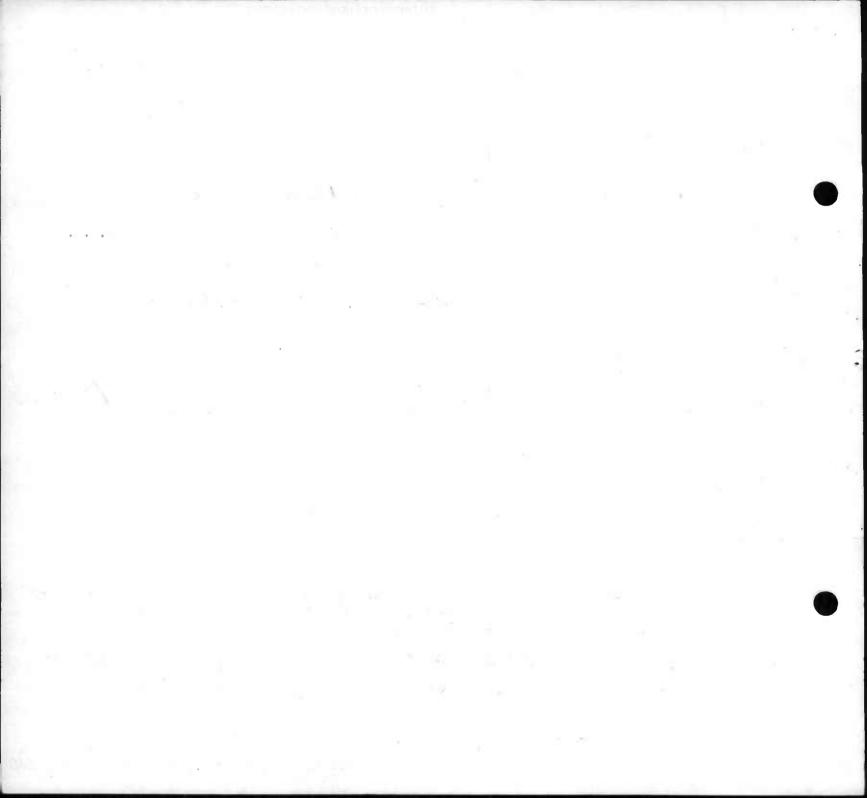
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	100		Y HEALTH DEPARTMENT	00 5490
	-100 68	3- 5436 CERTIFICA	TE OF DEATH X REG. NO	68 5436
BIRTH	NO. ME OF DECEASED	32K711737	2. DATE AND HOUR OF DEATH	
	or Print)	LEUV		1 630 P
3. PL 4	LTLY P.		MAY 23, 1968	stitution: residence before admission)
J. 7 E.	TOTAL MARKET MARKET NO.	WHERE TROUBLED DEAD	A. STATE B. COUNTY	0 = 3
HOSPI	NAME OF (IF NOT IN HOSPI ITAL OR ADDRESS OR LOC TUTION	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
PA	LL MALL NURSING HON	ME	BALTIMORE	YES NO
0	10	1190	E. STREET AND NUMBER	E ADT 1 D
S. SEX	6. RACE	7	8. DATE OF BIRTH 9. AGE (In years	II Under 1 Yr. If Under 24 Hrs.
	MALE WHITE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	4-6-1891 (ast birthdoy)	Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of wo uring most of working life, even if retired)	10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HOME	RUSSIA	u.s.A.
13. FA	THER'S NAME	c'	14. MOTHER'S MAIDEN NAME	
1	REV. BERNARD STREET	IT 3	YETTA SIMON	
15. Wa	s Deceased Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
N		les of service) 212 32-2073	MR. SAMUEL LEVY, 6962 MILBRO	OOK PARK DR. APT. 1D
18		SAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION D	RECTLY & SE		BETWEEN ONSET AND DEATH
	LEADING TO DEATH		USE PHOLINANIA (termina	1) 1 day
{T	This daes nat mean the made a eart failure, asthenia, etc. It mean	dying,	USE PREVINCAIN (temina) A CONSEQUENCE OF:	
	njury ar camplicalian which cause			
	ANTECEDENT CAUSE	s S Parl	cinsen's Disease	9 YEARS
D	ISEASES OR CONDITIONS, if	any, greeng DUE TO, OR AS	cinjen's Dijease SA CONSEQUENCE OF:	
	se to the above couse (A)			
0	INDERLYING CONDITION last.	3 (c)		
7 '	350 X II	ON TRIBUTION O		3
E TO	THER SIGNIFICANT CONDITIONS CO THE DEATH BUT NOT RELATED TO	THE TERMINAL -VG-LTUVE	Left 4: p 3/13/68	, and the second
V DI	A. DATE OF OPERATION 198. CO	RT 1 (A). NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE I	FINDINGS CONSIDERED
DI 19		REFORMED AS ABOVE	NO IN CERTIFYING CAL	USES OF DEATH?
J 21	A. ACCIDENT WAS UNDERLYING			e City, give exoct locotion)
	R CONTRIBUTING CAUSE OF EATH (notily medical examine)	home, farm, foctory, street, c	office bldg., INJURY OCCUR?	P 9.
U	D. TIME (Month) (Doy) (Yeor	Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	Tarko acce
	F INJURY		le [T]	withing and -
(A	APPROX.) 3-13-68 \$	P. M. Work At Work	le I fell at home	en, genera no
		al) attended the deceased fram	5/15 1953 ta 5	1/20 1964.
th	at (I) (we) last saw the deceas	sed alive an 5/23/68	19and that in(my) (aur) api	nian death accurred an the date
ar	nd haur and from the causes ste	ated abave. (1) (We) (did) (did nat)	view the bady after death.	
23	A. SIGNATURE			23B. DATE SIGNED
	243mb	Dh.	ending Med. Shaff Phys.	5/27/6
23	C. PHYSICIAN'S	GEGREE Phy	23D. ADDRESS	
	NAME (Type)	J TIMPERO		
248 =		EL ZINBERG GEGREE	4000 W. NORTHERN PKWY	
24A. E	REMOVAL (Specily)	24C. NAME of CEMETERY OF CR	24D. LOCATION (Ci	ty, town, or county) (Stotel
	BURIAL 5-24-6	8 HEBREW YOUNG MEN	S BALTIMORE, MA	RYLAND
25A. C	DATE REC'D BY HEALTH DEPT	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	AND 10 1000 (10)	ALO C. TOURS, MAIL	I SOU LEVINSON & BROS., 601	O REISTERSTOWN ROAD
146 164	DC1/ 1/1//D			

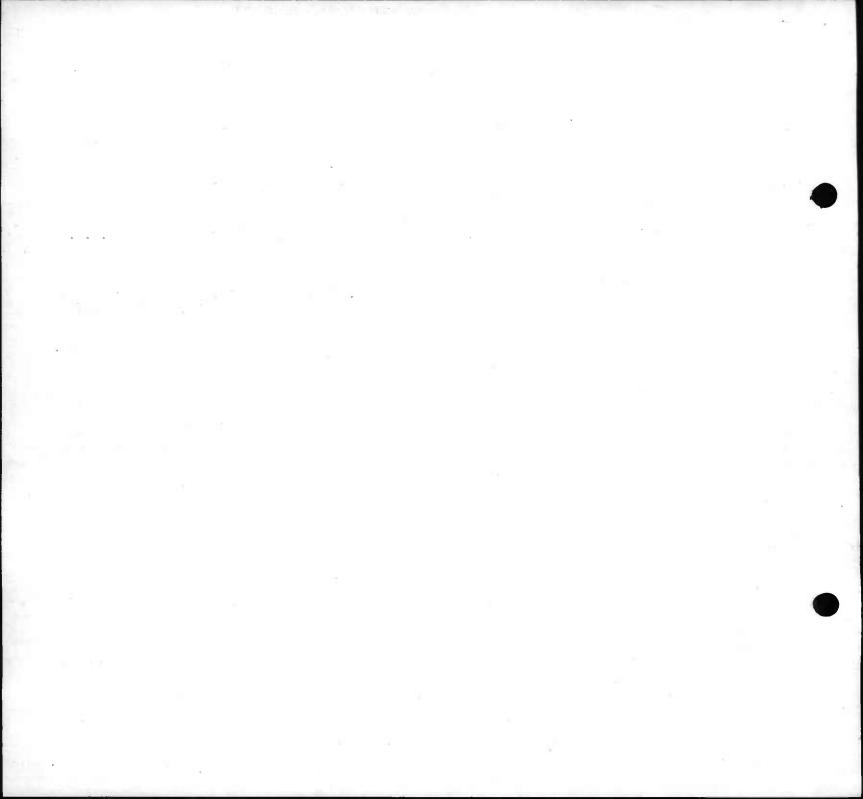


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	1	BALTIMORE CITY	Y HEALTH DEPARTMENT		- 407								
BIR	E-155 68- 5	437 CERTIFICA	TE OF DEATH	REG. NO	68- 343/								
1. N	AME OF DECEASED Pe or Printil ANNA Kauf	many	2. DATE AN	D HOUR OF DEATH	1968 3 15 PM								
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	institution: residence before admission)								
II HC	LL NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Many land Ba	Itimore	27-17								
INS	STITUTION	1 J B. Himme	130-17imo		SIDE CITY LIMITS?								
	M Sinai Hospita	1 of Dallimon	E. STREET AND NUMBER	/	123 140								
1	12		50161	Palmer	Ave.								
S. S	FEMALE WHITE WIDOW	NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.								
	USUAL OCCUPATION (Give kind of work 108. KINE		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?								
dan	e during most of working life, even il retired)	HAUT	DUCOT I										
13	HOUSEWIFE AT	HOME	RUSSIA	A E	u,s.A.								
13.	FAIRER 3 NAME		14. MOTHER'S MAIDEN NAM	A E									
	ISRAEL GUSSMAN		RACHEL	?									
15. (Ye:	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS								
	NO	211-18-7568	MR. SAMUEL KAUF	MAN. 2518 (OAKLEY AVENUE								
	18. 4/2,21	CAUSE OF DEAT			APPROXIMATE INTERVAL								
	DISEASE OR CONDITION DIRECTLY		, ,	7	DETWEEN ONSET AND DEATH								
	LEADING TO DEATH	(A)IMMEDIATE CA	USE acute pul	monary e	demo / day								
	(This does not mean the mode of dying, heart lailure, asthenia, etc. It means the dise	DUFTO OR AS	A CONSEQUENCE OF:	1									
	injury or complication which coused death.)	ose,		1									
	ANTECEDENT CAUSES	Hune	tencive mater	inselerat	ic 14 40000								
	DISEASES OR CONDITIONS, if any, give	(B) DUE TO OR AS	A CONSEQUENCE OF	iosclerot	724								
	rise to the above cause (A) stating		Curo	Lisea Ce									
	UNDERLYING CONDITION lost.	(C)		7.000									
7	443X II												
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN												
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208 IE VEC WEDE	EINDINGS CONSIDERD								
ERTIFIC	WAS PERFORMED	OK WHICH OFERATION	2/10	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?								
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If In Baltime	ore City, give exact location)								
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(ii in bulining	ore City, give exact locollon;								
DIC	21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?									
ME	OF INJURY	While At Not Whi											
	(APPROX.)	Work At Work											
	22. I certify that (1) (this haspital) attended	ed the deceased fram	may 20 1	968 to M	ay 23 1968,								
	that (I) (we) last saw the deceased alive	on May 2	3 49 68 and the	at in (my) (our) ap	olnian death accurred on the date								
and have and from the causes stated abave. (1) (We) (did) (did-not) view the bady after death. 23A, SIGNATURE Attending Med. Staff W. Sysky MD Attending Med. Staff W. S. 123/6 8													
									23C. PHYSICIAN'S	DEGREE Phy	ys. Director Director 23D. ADDRESS	Phys. 4	-1 / - 1-7
									NAME (Type)	Kropsky 14.17.	S'Ma!	HOSPI.	Tal of Bollimere
0.1	Dely anna	DEGREE	0/100	- /									
24/	REMOVAL (Specify) 248. DATE 240	C. NAME OF CEMETERY OF CE	REMATORY 24D. LO	OCATION (City, town, or county) (State)								
254		NESSETH ISRAEL	KOLK WOLYN GE	RMAN HILL	ROAD								
"	24 24 20 CO IN M	6 98 taleuna		& BROS60	10 REISTERSTOWN ROAD								
	MAY Z Z ISDO IU	The my many	SAL ATLATIONAL	a DKV3.,00	IV KLISTEKSTUWN KUAU								
	150-REV. 1/1/68												

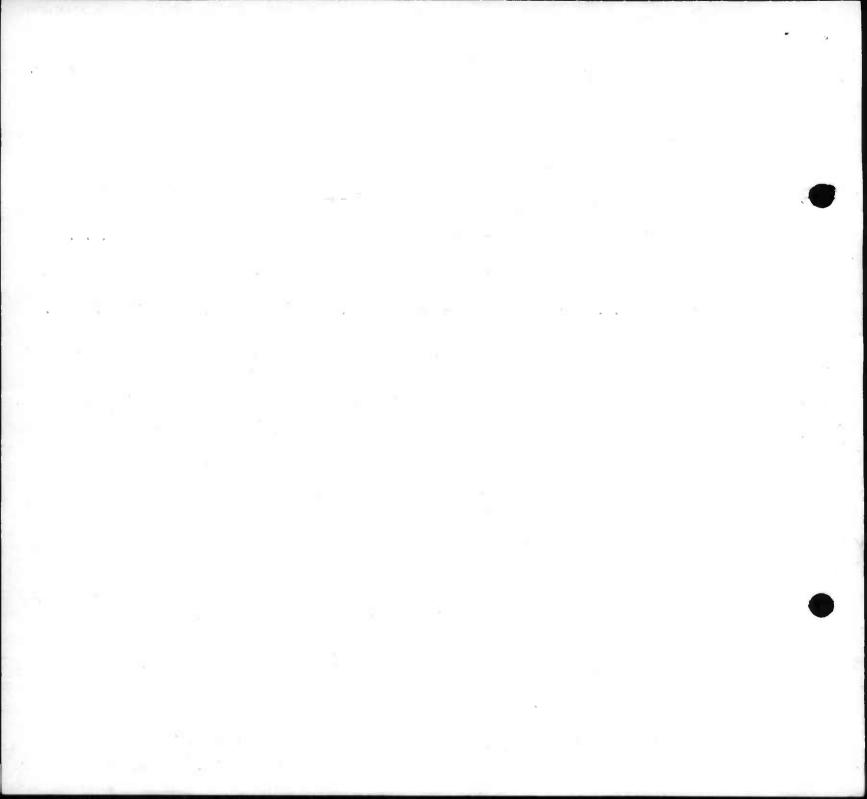


	BALTIMORE CIT	Y HEALTH DEPARTMENT	3-5438
	G 43/ 68- 5438 CERTIFICA	TE OF DEATH REG. NO.	, 0 100
1. 1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	9
(Ту	ype Oldling JEANN	ETTE 5/23/61	11:30 A M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE Where deceased lived, if ins	stitution: residence before admission)
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD Ball	453,00
IN	NOIKUTITZI	C.CLEY OR TOWN C. CLEY OR TOWN D. INSIE	YES NO NO
)	Lengo Kon of Ballo	E. STREET AND NUMBER	Di.
1,	90000	85.31 LUGERN	e 14
0 1	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
0.4	TEMALE OUTITE WIDOWED DIVORCED	(1) RIPHULAGE (State of Caraign Country)	12, CITIZEN OF WHAT COUNTRY?
	one during mast af working lite, even if retired)		
3.	HOUSEWIFE AT HOME	BALTIMORE, MARYLAND	U.S.A.
٠.			
5.	HARRY MILLER . Was Deceased Ever in U. S. Armed Faices? 16. SOCIAL	LENA ?	ADDRESS
Ϋ́e	es, na or unknown) (If yes, give war ar dates of service) SECURITY NO.	MR. IRVING GOLDBERG, 8537 L	
_	NO CAUSE OF DEA'	RANDALLSTOWN, MA	RYLAND 21733
	DISEASE OR CONDITION DIRECTLY		SETWEEN ONSET AND DEATH
	LEADING TO DEATH		12 1R.
	heart failure, asthenia, etc. II meons the disease,	A CONSEQUENCE OF:	
	injury or complication which coused death.) ANTECEDENT CAUSES ACCUSA	TE MI	12WKS
	(R) / C /	S A CONSEQUENCE OF:	
	rise to the above couse (A) stoting the UNDERLYING CONDITION last.	TE RENAL FAILURE	/ WK
	420./ 11		
NO NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
CAT	(DISEASE OR CONDITION GIVEN IN PART I (A).	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE F	INDINGS CONSIDERED
RTIFIC	WAS PERFORMED	IN CERTIFYING CAL	JSES OF DEATH?
Ü	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	City, give exoct lacotian)
CAL	DEATH (natify medical examiner) etc.)		
AED!	OF INTURY	21F. HOW DID INJURY OCCUR?	
Σ	(APPROX.) While At Not Wh		-/2 /0
	22. 1 certify that (I) (this haspital) attended the deceased from) / 6 19 to	2/6/ 1908
	that (I) (we) last sow the deceased alive on		nion deoth accurred an the dote
	ond hour and from the couses stoted abave. (I) (We) (did) (did not)	view the body after deoth.	23B. DATE SIGNED
	CALIFIC (SALE MI) AH	rending Med. Shaff	5/23/19
	23C. PHYSICIAN'S	ys. Director Phys. 23D. ADDRESS	1/2/10
	23C. PHYSICIAN'S NAME IT TO PER CONTENT AND	June Hone	
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (Cit	ly, tawn, or caunty) (State)
	BURIAL 5-24-68 ANSHE EMUNAH (AI	TZ CHAIM) BALTIMORE, MAR	PVIAND
25	SA, DATE REC'D BY HEALTH DEPT 248. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	mat 27 1968 Place State Min	SOL LEVINSON & BROS., 6010	REISTERSTOWN ROAD
VS	S 150-REV. 1/1/6B		

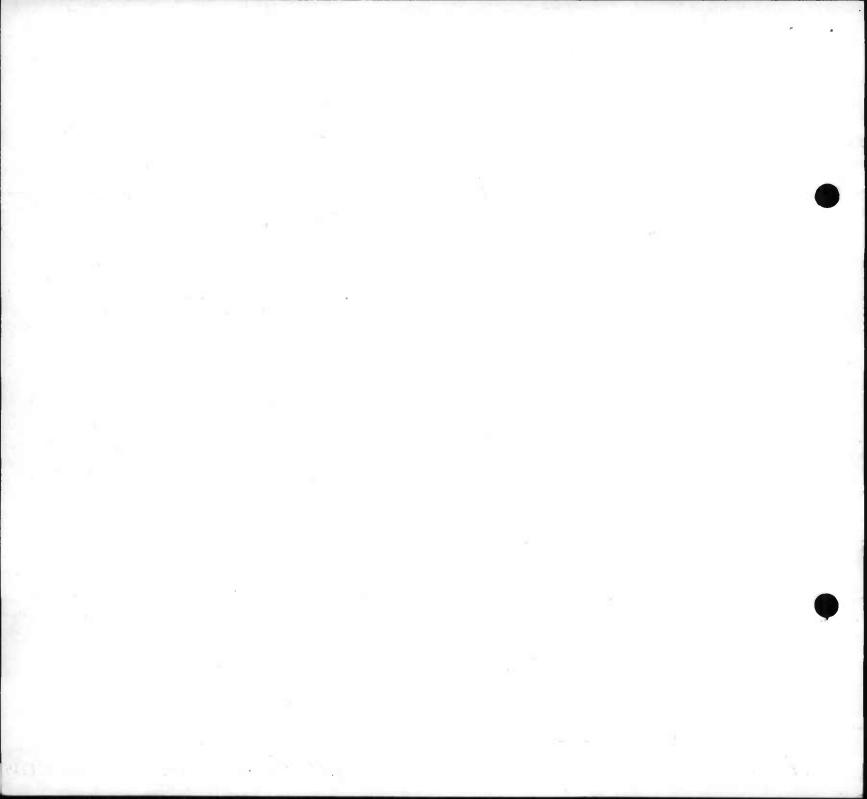


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death' shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

T	2 1 = 5 00 = 1	BALTIMORE CITY	HEALTH DEPARTMENT		CO F 400
1	68-54	CERTIFICA	TE OF DEATH	REG. NO.	68- 5439
	H NO. AME OF DECEASED	CERTITION		D HOUR OF DEATH	
	e or Print)	VED			1.20 D
3. F	WILLIAM PRITZ LACE IN BALTIMORE, MARYLAND, WHERE PRO		MAY 2	23 <u>1968</u> e déceosed lived. If i	4:30 P. M.
			A. STATE B. COUN	TY	78-111
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET		1	20-71
INS	TITUTION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	3707 GWYNN OAK AVENUE		BALTIMORE E. STREET AND NUMBER		YES X NO .
10			3707 GWYNN (DAK AUFNUF	
S. S	EX 6. RACE 7. MARRI		+	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	WAKK	IED NEVER MARRIED		lost birthdoy)	Months Doys Hours Min.
	MALE WHITE WIDOV		10-1-1898	69	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)) Of BOSHNESS OK HADOSIKI	11. BIRTHEACE (Slote of loter)	gii couiiiy/	12. CHIZEN OF WHAT COONIET
	PLUMBER SEL	F-EMPLOYED	RUSSIA		U.S.A.
13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
	LOUIS PRITZKER		ESTHER DORMA	AN	
15. V	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	(, 4	ADDRESS
	no or unknown) (If yes, give wor or dates of servi				
	/ES W.W. I ARMY	216-32-6556 CAUSE OF DEAT		ZKER, 3707	GWYNN OAK AVE.
	DISEASE OR CONDITION DIRECTLY	SAUGE OF BEAT			BETWEEN ONSET AND DEATH
	LEADING TO DEATH		ISE CVA-		mmediale
	(This does not meon the mode of dying,		A CONSEQUENCE OF:		
1	hearl failure, osthenia, etc. II means the dise injury or complication which caused death.)	ase,			,
	ANTECEDENT CAUSES	agler	2 Sales or	Course	-18 Shala.
	DISEASES OR CONDITIONS, if ony, gir	(8) DUE TO, OR AS	A CONSEQUENCE OF: /	7	Salface
	rise to the obove couse (A) stating		U		
	UNDERLYING CONDITION last.	(c)			
z	331/				
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN				
CA	DISEASE OR CONDITION GIVEN IN PART I (A). 19 A. DATE OF OPERATION 19 B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES. WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Soltime	ore City, give exoct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
ME	OF INJURY	While At Not While		OKI OCCOR.	
	(APPROX.)	Work At Work			
	22. I certify that (I) (this_bospital) attend	1 4	Labrushry 1	9 6 Sta 110	2 2 5 19 68.
	that (1) (we) last saw the deceased alive	on Mikey 7	3- 19 6 / and the	at in (my) (out) ap	inion death accurred on the date
	and hour and from the causes stated abov	e. (1) (We) (did) (did not)	view the bady after death.		,
	23A. SIGNATURE				238. DATE SIGNED
	Joseph (U)	P. IA AID A J Dh.	ending Med.	Staff Phys.	5/2×/68
	23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	rity's. —	1-1-1
	NAME (Type)			NUL 2010	/ /
244	JOSEPH C. MAT		6821 REISTERST		The form of court is a first in the court is a first in the court in t
24A	BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CR	240. LC	CATION	City, town, or county) (State)
		OHEL YAKOV	BAI	LTIMORE. MA	RYLAND
25A	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	,	ADDRESS
	MAY 2 7 1968 (12 Ce	TO S' VIOLENCE	SOL CEVINSON !	E BRUS., 601	O REISTERSTOWN ROAD
VS	50-REV. 1/1/68				

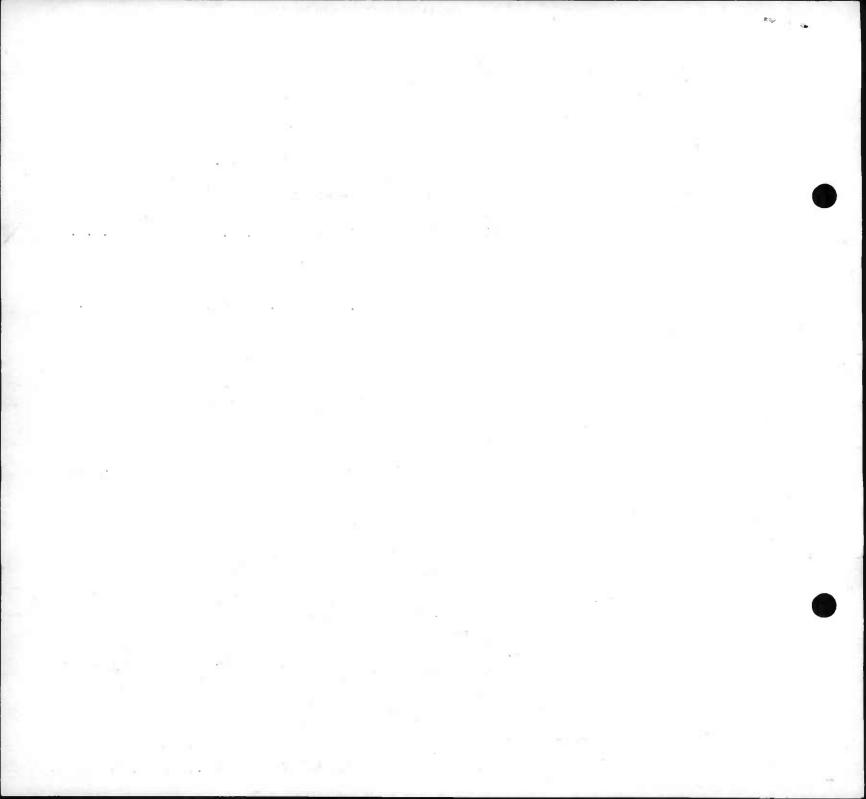


1	4 -1 / - 00 - 04 311	TE OF DEATH REG. NO.	8- 5440
1. N	AME OF DECEASED I FAUTTTA	2. DATE AND HOUR OF DEATH	/ 200
(Тур	DR. DAVIDA ABRAMSON	5/25/68	1 6 AM.
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution, STATE B. COUNTY	on: residence before odmission)
FU!	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
		Glen Burne YES	ON D
>	TMERCY HOSP.	E. STREET AND NUMBER	
		B. DATE OF BIRTH 9. AGE (In years If	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
, 3	6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
A	MALE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	EDUCTRIDG	454
	DOCTOR MEDICAL	Mary (and	4574
3.	FATHUR'S NAME		
	201 Abramson	Sadie Leavit	
15. Yes	Was Deceased Ever in U. S. Armed Forces? (If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	MRS. MARILYN ABRAMSON, 209 DA	FFODTI ROAD
-	VO	GIEN BURNIE, MARYLAND	21061
	18. O SO ST CAUSE OF DEATH	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	(Clary below	5-1.0
	LEADING TO DEATH (This does not meen the made of dying, e.g.,		944.
	heart failure, asthema, etc. It means the disease, injury ar complication which coused death.)	A CONSEQUENCE OF:	
	ANTECEDENT CAUSES		1.44
	(B)	A CONSEQUENCE OF:	
	rise to the abave cause (A) stating the	t. Macont	20 40
	UNDERLYING CONDITION Iosi. (c) 19.14	eus l'eccus	
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	lette hear Ols.	7 47
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDIN CERTIFYING CAUSES	NGS CONSIDERED
ERTI	WAS PERFORMED	No	OF DEATH:
U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or obout 21 C. WHERE DID (If in Boltimore City fice bldg., INJURY OCCUR?	r, give exoct location)
CAL	DEATH (notify medical examiner) etc.)		
ш	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21 F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Not While Work At Work		
	22. I certify that (1) (this haspital) attended the deceased from	4/27 1968 10 5/2	5 19 (P
	that((1)) (we) lost saw the deceased alive on 5/25	19 68 ond that in (my) (our) opinion	deoth occurred on the date
	and haur and from the causes stated above. ((1)) (We) (did) (did not) v		
	23A. SIGNATURE		DATE SIGNED
	Transt The M. Q. Atten	nding Med. Staff Staff Phys.	5/25/68
		23D. ADDRESS	1 1
	KENNETH STERN	MERCY HOSPITAL	
244	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE		wn, or county) (Stote)
	BURIAL 5-26-68 BNAI ISRAEL	BAITTUADE WARVE	MD
25A	BURIAL 5-26-68 BNAI ISRAEL DATE REC'D BY HEALTH DEET. 258. NAME OF REGISTRAE	BALTIMORE, MARYLA	TERSTOWN ROAD 12121
	MAY Z 7 1968 (12 Cart & Tarking	SAST STATE OF BREIS	TEKSTOWN RUAD
		The contract of the	3777 6161



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	2 00 -	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 5444
	7,000 05- 5	441 CERTIFICA	TE OF DEATH	REG. NO	68- 5441
1, N	TH NO. I	, .	2, DATE ANI	D HOUR OF DEATH	(300
3 1	PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	14. USUAL RESIDENCE (Where	deceased lived. If instituti	ion: residence before admission)
3. 1	LACE IN BALIMONS MARIEAND, WHERE THE	NOONCED DEAD	A. STATE B. COUNT		
	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MARY LAND	D INCIDE C	TITY LIAAITCO
INS	TITUTION		BALTIMORE	D. INSIDE C	
2	TUIT HAODITI		E. STREET AND NUMBER	TES	1 0 0
2	INAI HOSPITAL		MARLBOROUGH A	APTS. 17	
5. 5	EX 6. RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
	FEMALE WHITE WIDOW	= =	4-3-1877	lost birthdoy) Mo	mins boys Hours will.
	USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	gn country) 12.	CITIZEN OF WHAT COUNTRY?
don	RETIRED SCHO	OL PRINCIPAL	WASHINGTON, D.	C	U.S.A.
13.	FATHER'S NAME	UL TRINCITAL	14. MOTHER'S MAIDEN NAM		4,0,77,
	JULIUS LOUIS		HANNAH	7	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	,no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	110 71117110 1 01	DURED ROALOUT	THE ADTO
	VO	CAUSE OF DEA	MR. JULIUS L. GI	RUBER, BRUADVI	APPROXIMATE INTERVAL
	18.283.01	CAUSE OF DEA	In		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CVA		
	(This does not mean the mode of dying,		A CONSEQUENCE OF:		
	heort foilure, osthenio, etc. It meons the dise injury or camplication which caused deoth.)	ase,		Summichus	
	ANTECEDENT CAUSES		From winont	elilamo O & o	
	DISEASES OR CONDITIONS, if ony, gir	ving DUE TO, OR A	S A CONSEQUENCE OF:	2	3
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	(C)			197
		(C)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG OCC	10		
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		VD.		3cm.
F.C.	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CAUSES	INGS CONSIDERED
ERTIFIC	0 -				
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City	y, give exoct location)
EDIO	21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
Z	OF INJURY (APPROX.)	While At Work	ile 🗆 –		
	22. I certify that (*) (this haspital) attend			96810 5 21	1968
	that (W) (we) last saw the deceased alive	- 1011			deoth occurred on the date
				in the many (bot) optiment	deom occorred on the date
6	ond hour ond from the causes stated obov 23A. SIGNATURE	e. (I) (we) (ald) (ale not)	view the body offer deoffi.	23B	DATE SIGNED
	t in all			Staff	22/11/0/2
	23C. PHISICIAN'S	In Massegree Ph	ys. Director 23D. ADDRESS	Phys.	0/84/01
	NAME (Type)	DOTETN		PITAL	ι γ
244	JOEL BARRY ALPE	UEGKE			our or country (Ca-ta-)
242	REMOVAL (Specify)	C. NAME of CEMETERY or C			own, or county) (State)
		EBREW FRIENDSHI	P BA	LTIMORE MARYL	AND
25/	0.0.03 - 0.00 - 0.00 - 0.00 - 0.00	ME OF REGISTRAR		6 PDAC (010 =	ADDRESS
	MAY 27 1968 R.C.	DE NOW HAR	SUL EEVINSUN	& BROS.,6010 R	REISTERSTOWN ROAD
VS	150-REV. 1/1/6B				



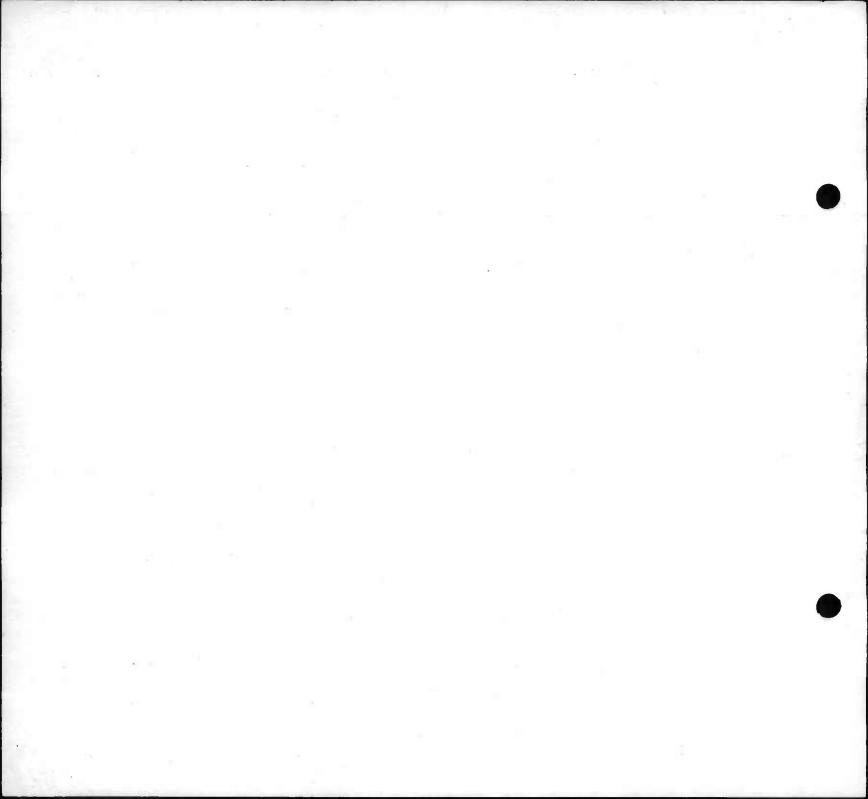
VS 150-REV. 1/1/68

As tal-	68- 5442 BALTIMORE CITY HEALTH DEPARTMENT
TERNE	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 58- 5442
and se th th	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
de de cea	(Type or Print) Wartield, Augustus D. 5-24-68 50.
of of of the nath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
se Se 3n de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET BULLO /Nd. 15-01
ndo o	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
in gg o gus tte	Hary and Ceneral Hespital Battimore YES NO 11 E. STREET AND NUMBER 1415 Gelmone Sheet 21217
tin d c d c e.	1415 Gilmore Sheet 21217
- 2 0 0 D	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years, Months; Doys Hours; Min,
ntrik rmir egul ased s ma	WIDOWED DIVORCED 3/1/86
hopton n	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or or s i	Construction 2 3 Mary and USA
if deat rect or (4) Unde was ir the de spositio	13. FATHER'S NAME
## ## E#	Cloy & Cloy + (e) C SHXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
istar he d kind deat ce o nal	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
SS + T = E	no XX 318 071735 HOOPE TO Charl
and no	DISEASE OR CONDITION DIRECTLY
Also e of noun atte	LEADING TO DEATH (A) IMMEDIATE CAUSE I AMICH UNICLUMENTAL SOME
7 . 20 - 8	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,
ner act pr pr ula mb	injury or complication which caused death.) ANTECEDENT CAUSES BON. DO NO. JONATIA. 2300.0
A fr	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A CONSEQUENCE OF:
3) A	rise to the above cause (A) stating the UNDERLYING CONDITION last.
ical ial ns; (ciai as as	4~ 5 Q V II
oring oring oring oring	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
y by	In the state of Condition Given in Part 1 (a).
Bod Bod Phe Phe ysic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by ph for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location)
y t ital e; (No No	DEATH Inotify medical examiner) etc.)
d b psp tur tur tw tw to 6)	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
he he cep	(APPROX.) Work At Work
ppr any (ex , ar	22. I certify that (this haspital) attended the deceased from 5/35 1960 to 3/37 1960,
be of of be	that (1) (Ne) last sow the deceased alive on
ased to dent of ospital death) must be	23A. SIGNATURE 23B. DATE SIGNED
3 0 5 5	Attending Med. Stoff Sto
0 - 0 - >	23C. PHYSICIAN'S NAME [Type] 23D. ADDRESS
was relu Manacci A. at a h prior to	DEGREE
T >EOP 0	24A. BURIAL CREMATION, REMOVAL ISpecify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) IStote)
→ < (i) :	Burial 5-27-68 Mt. Calvary Cemetery A.A. Co., Maryland
This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harford Ave. ADDROLS MAY 27 1968 August 1968 Marshall W. Jones, Jr.
	Marshard M. Course, or.

* Firedly product and the same 00 - 118 FEI3 head Mont make To

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

. 68 5	443 SEDELE CA	HEALTH DEPARTMENT	REG. NO.	68-5443 4
BIRTH NO. 68 - 099524	CERTIFICA	IE OF DEATH		
1. NAME OF DECEASED (Type or Print)		2. DATE AN	ID HOUR OF DEATH	7/0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When A. STATE B. COUN	re deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	Batto.	SIDE CITY LIMITS?
Bon Secours Hos	pital	E. STREET AND NUMBER		YES NO
34		721 Fift	h. aus	e. HAlethorie
54 1.	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	lone	Marry	and.	U.SA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Thomas Sulli	jan	Barb	ara U	Vilkens
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT	0 11	· Datore
110	CAUSE OF DEAT	Mrs. A Morn as	2 Aullen	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	11	0 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Gyaline	hent.	There
(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	*****	00000000000000000000000000000000000000
injuly of camplication which coused death.)	60	DO A11	7	
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	clasis	
DISEASES OR CONDITIONS, if ony, gi	Ihe DUE TO, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examiner)	21B. PLACE OF INJURY (e.g., home, lorm, factory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	e		
22. I certify that (I) (this haspital) attend		- 1	19 68 to	5-23 1968
that (I) (we) last saw the deceased alive	1~ 1 7	<u></u>		pinian death accurred an the date
and haur and from the causes stated above			,, (33.), 3	
23A. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	The stay of the addition		23 B. DATE SIGNED
There Ihm	ad h. Degree Phy	ending Med. Director	Staff Phys.	5.23-68
23C. PHYSICIAM'S NAME (Type) GRACE	YUNAO MD	23D. ADDRESS BON S	Cenirs 1	4010.
	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	City, town, or county) (State)
Burial 5/24/68	Delen Haven	Com. Re	the He	og Sku Jumie M.
MAY 2 7 1968	ME OF REGISTRAL	25C FUNERAL DIRECTO	ouran + Sou	Gna Stallings
VS 150-REV. 1/1/6B		1		23 746



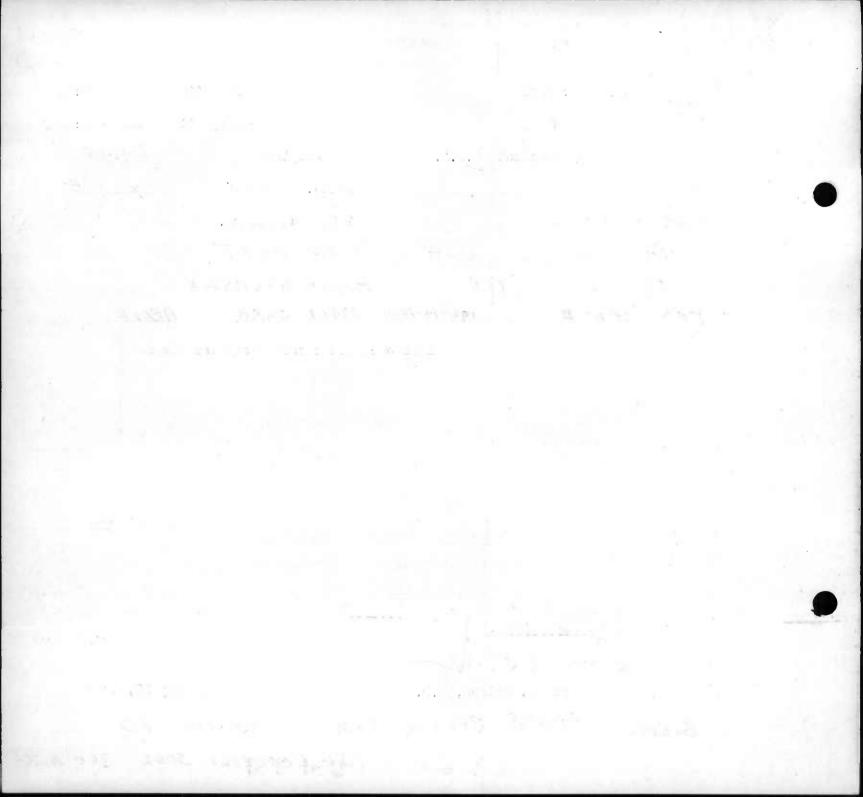
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68- 5444 BALTIMORE CITY HEALTH DEPARTMENT

			, ,
AAFDICAL	EV A LAINTEDIC	CERTIFICATE	OF DEATH
MEDICAL	FXAMINERS	(FRIFIL A I F	()F DFATH
MILDICAL	EVIZIONI JEILO	CEIVIIIICATE	OI DEATH.

68-	544
	68-

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known 🔀 Manth Day Year Haur
JAMES H. BATT	OF DEATH Estimated 5 22 68 1:10 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	May 22 1968 1:10 p. M. 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE B. COUNTY
City Hospital D.O.A. 6. SEX 7. RACE 8. MARRIED PREVER MARRIED	Maryland BALTOCO
6. SEX 7. RACE 8. MARRIED AREVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto ESSEX YES NO 4
9. DATE OF BIRTH 10. AGE (In years Il Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
Months, Doys, Hours, Min.	5.8.20
11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF	2131 Redthorn Rd.
WHAT COUNTRY?	
PA. USA	JOHN BATT
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
POSTAL P.O.	ANNA MECAROLE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO. 196-14-7860	JOYCE CARR ABOVE
19. // CAUSE OF DEA	TH APPROXIMATE INTERVAL
4/24	BETWEEN ONSET AND DEATH
	sclerotic cardiovascular disease
LEADING TO DEATH	CAUSE
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
AND CONTRACTOR OF THE CANADA	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	NO N CONCEQUENCE OF
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	······
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
Z22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
	e bldg., etc.) INJURY OCCUR?
Q UTING □ CAUSE OF DEATH.	
OF INTURY	22F. HOW DID INJURY OCCUR?
(APPROV.) WHILE AI NO!	WHILE O
23.	
! certify that ! held an ! Inquiry ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	tapsy XX and that on this basis, death in my apinlan
resulted from Natural causes X Accident Suicide	
resorted from redictor cooses for Accident	
ACTUAL CANAL AND A	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER A
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	May 22, 1968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) 5/25/68 RELAID	CEA PELDID AND
OF DATE DECIDENT LINE DEDT	OFF FUNERAL DIRECTOR
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 27 1968 DOG AND IL B. M.	JE CONNELLY SONS 300 MAC
VS 151-REV. 1/1/68	0.41.41.41



IMPORTANT DIRECTOR: FUNERAL

CERTIFICATE OF DEATH of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) -22-68 uo hospital death. 4. USUAL RESIDENCE (Where deceased lived. institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN DEAD attendance A. STATE 8. COUNTY (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OF ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS cause; 0 YESA NO = prior E. STREET AND NUMBER contributing 8240 N. BOUNDARY Undetermined made regular 5. SEX AGE (In years If Under 1 Yr. Months: Doys 6. RACE If Under 24 Hrs. 7. MARRIED NEVER MARRIED deceased Hours WIDOWED DIVORCED Q 11, 8IRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) 10 MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 4 UO death T kind: ADDRESS 15, Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. attendance JOSE PH 40 any CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF gular heart failure, asthenia, etc. It means the disease, injury at complication, which caused death.) ANTECEDENT CAUSES Who are DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving (3) Iα the abave couse (A) stoting the physician UNDERLYING CONDITION lost. the remains Mas 3.3 П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFIC 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION O IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore Cy, give exact location) where OR CONTRIBUTING CAUSE OF home, form, foctory street, office bldg., INJURY OCCUR? hospital ° MEDICAL DEATH (notify medical examiner) nature: obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY except Not While While At (APPROX.) Work At Work pup any 5.21 19 68 to 5-22 22. I certify that (I) (this hospital) attended the deceased from 19 69 9 that (1) (we) lost saw the deceased alive on... ond that in (my) (our) opinion death occurred on the date of eath) hospital ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must accident 23A. SIGNATURE 23B. DATE SIGNED m ust 7 2. Virgara Attending [Corazon Med. 0 Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior at SDM Church VERGARA, An CORAZON 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION eceased D.O. the body REMOVAL (Specify) shows: BURIAL /2
25A. DATE REC'D BY HEALTH DEPT. LOUDON PARK M ds 258. NAME OF REGISTRAR 25C JUNERAL DIRECTOR TO VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

1.00 \$ 14 E F input a x got . Library is you and the state of the state of P alamer Court Las State In

CERTIFICATE OF DEATH Registered Na the Such contributing cause of death etermined cause; (5) Deceased M.E. CASE NO Type or Party 2. DATE AND HOUR OF DEATH 0 a hospital 4. USUAL RESIDENCE (Whe death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance A. ST COU TIMO FULL NAME OF (Il not in hospital or institution, give street oddress or location) NOITUTION 0 prior contributing D. STREET ADDRES made. regular 9. AGE (In years lost bighty) 5. SEX MARRIED NEVER MARRIED If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF death disposition 0 ORE (4) Und Was the 14. MOTHER'S MAIDEN NAME death LO O 15, Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) SOCIAL or final SECURITY NO. attendance VONE any pronounced DEATH CAUSE OF DISEASE OR CONDITION DIRECTLY fracture of embalmed LEADING TO DEATH (This does not meon the mode of dying, hearl foilure, asthenia, etc. Il means the disease, the chief medical examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who are < DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the physician remains UNDERLYING CONDITION Iosi, Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the Body 208. IF YES, WERE FINDINGS CONSI the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WERE FINDINGS CONSIDERED WAS PERFORMED before 3 where 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? to the hospital DEATH (notify medical examiner) any nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved hospital (except While At Not While (APPROX.) and Work At Work 22. I certify that (I) (this basaital) attended the deceased from death); must be that (1) (yes) last saw the deceased alive on and that in(my) (947) apinion death accurred an the date An accident of and hour and from the causes stated abave. (1) (16) (did) (did not) view the bady after death. must 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Med. Director M.D. 0 Phys. approva 0 AC PHYSICIAN'S 23D. ADDRESS prior t o Was NAME (Type d 24A. BURIAL CREMATION, REMOVAL (Specify) deceased was D.O. written 25B. NAME OF 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WHAT COUNTRY?



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written analysis must be obtained hebre remains are ambalmed or final disposition is made.

В	B-653 CO 5		HEALTH DEPARTMENT	CO_ 5447
	DIKITI ITO.	CERTIFICA		00-044
	(Type or Print)	LIA BRUNSON	2. DATE AND HOUR OF DEATH	68 2:06 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceosed lived, If A. STATE B. COUNTY	institution: residence before odmission)
ı	FULL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	MARYLAND BALT IMORE	33-00
	INSTITUTION BALTIMORE CITY HOSP		DUNDALK D. IN	SIDE CITY LIMITS?
	3 / 4940 EASTERN AVE. BALTIMORE, MARYLAND	#21224	E. STREET AND NUMBER	
e G		ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
E	FEMALE WHITE WIDOW	=	1-12-1911 lost birthdoys	Months Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
0	SEAMSTRESS CHE	THING	PENNA.	U.S.A.
positi	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
als	FRANKS, ANGELO 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	DINA UNK.	ADDRESS
Bull	(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	DECODIG DALL THORE OTTE	.,BALTO.,MD. #21224
-	18.197	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	DISEASE OR CONDITION DIRECTLY		@	~
Da III e	(This does not meon the mode of dying,		SE MOUMONO, SUR	ses lady
ο E	heort foilure, osthenio, etc. It meons the disectingury or complication which coused death.)	ose,	7 2	7
0	ANTECEDENT CAUSES	(B) Pul	MONARUEMURALES	no lucet?
0	DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoling	9	A CONSEQUENCE OF	A. unknown
2 2	UNDERLYING CONDITION Iosi.	(C)	parovara ang	271, 000000000
remain	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).		Idina - 3 Reladi	ed hour
-he	DISEASE OR CONDITION GIVEN IN PART I (A).		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		YES YI	AUSES OF DEATH?
Detore	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID (If in Boltim fice bldg., INJURY OCCUR?	ore City, give exoct location)
	O 21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
dined	OF INJURY (APPROX.)	While At Not While At Work		
0010	22. I certify that (I) (this hospital) ottende		May 23, 1968 to	May 74 19 65.
90	that (1) we last saw the deceased olive of		-4 19 6 8 ond that in (my) (aux) of	pinion death accurred an the date
must	and haur and from the causes stated above	(We) (did) (did not) v	iew the bady ofter death.	23B, DATE SIGNED
	South Ruly Jelly	All Sould Have	nding Med. Staff Phys.	5/5-24-68
approva	23C. HYSICIANS NAME (Type)	COVICE PRESENT	BALT IMORE CITY HOSE	PTTAIS
ррг	NEIL R. WILLIAMSON, MI	DEGREE	4940 EASTERN AVE. BALTO.	MD #2122/
	24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specily)	NAME OF CEMETERY OF CRE	· · · Zn m	City, town, or county) (Stote)
written	25A. DATE REC'D BY MEASTH DEPT O 25B. MAN	TKDN) FY	25C. FUNERAL DIRECTOR	10 ADDRESS D
}	MAI & : 1300 Office	社会、中国的中心	Wolk Perto Brodley 1.	Kurdok, Afer
	VS 150-REV. 1/1/6B			



This certificate must be appraved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct ar cantributing cause af death shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranounced death was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance an the deceased priar to death. Such written appraval must be obtained befare the remains are embalmed ar final dispasition is made.

C	-53	68	3- 54	18	HEALTH DEPARTMENTE OF DEAT	DEC NO	68- 5	448
1. N	TH NO. AME OF DEC	KOSA C	SA G OS			TE AND HOUR OF DEATH	н 10	0120 Am.
FU	LL NAME OF	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD		(Where deceased lived. If COUNTY BALTIMORE	0	refore odmission)
HC IN:	SPITAL OR	BALTIMORE CI			C. CITY OR TOWN	D. IN	YES N	0 🛣
	31	4940 Eastern Baltimore, M	Avenue		E. STREET AND NUME 4138 EDER	BER ROAD - 21222		
-	EMALE	6. RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8/13/95	9. AGE (In years lost birthday) 72	Months Doys H	If Under 24 Hrs.
		JPATION (Give kind of worl working life, even if retired)	10B, KIND OI	F BUSINESS OR INDUSTRY	WEST VIRGI		U.S.A.	HAT COUNTRY?
13.	FATHER'S NA!	JAMES	5		14. MOTHER'S MAIDEI ELIZABETH	NAME		
		Ever in U. S. Armed For (If yes, give wor or dote		16. SOCIAL SECURITY NO. 235-03-9183D		ORDS: Baltimo ern Avenue, Ba		
CATION	(This does in heart failure, injury or com DISEASES (rise to the UNDERLYING) OTHER SIGNIE TO THE DEAT DISEASE OR CO	DE OR CONDITION DI LEADING TO DEATH HOLD ME MODE OF ASSISTED TO DEATH ANTECEDENT CAUSES OR CONDITIONS, IF DE OBOVE COUSE (A) GONDITION IOSI. IL CONDITION OSI. TO NOT RELATED TO TO ONDITION I 198. CON OPERATION 198. CON	dying, e.g., the disease, death.) ony, giving stating the	(B) DUE TO, OR AS	SE Cardio LA A CONSEQUENCE OF:	2° HyBI al Jenly	tinsion ?) O
CERTIFIC	2	WAS PER	FORMED		YES	<u>Y</u> .	E FINDINGS CONSIDE AUSES OF DEATH?	
CAL		NT WAS UNDERLYING [JTING [] CAUSE OF medicol exominer)	hor	RPLACE OF INJURY (e.g., in the form, foctory, street, of the foctory).	fice bldg., INJURY OCC	U R?	iore City, give exoct to	LOTTON)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		ile At Not While At Work	e 🗂	D INJURY OCCUR?		
		that XX (this haspital		E /07	4/18 19.68 c	nd that in(my) (our) o	5/21 plnion death occur	19.68 , red on the date
	23A, SIGNATU 23A, SIGNATU 23C, PHYSICIA NAME (T	Kan E &	ILMOUR,	1 / DEGREE Phy	miding Med. birector 23D. ADDRESS BALT	Stoff X MORE CITY HOS		4/68
	A. BURIAL CRE REMOVAL (A. DATE REC'D	val may	24C. N 24C. N 25B. NAME	AME of CEMETERY OF CRI	25G FUNERAL DIR	Buckhan	non 2024	(Stote)
1	160 BEV 1/1/	40	4000		Bernado	Drong - 1190	The Car	vermy!

and we will

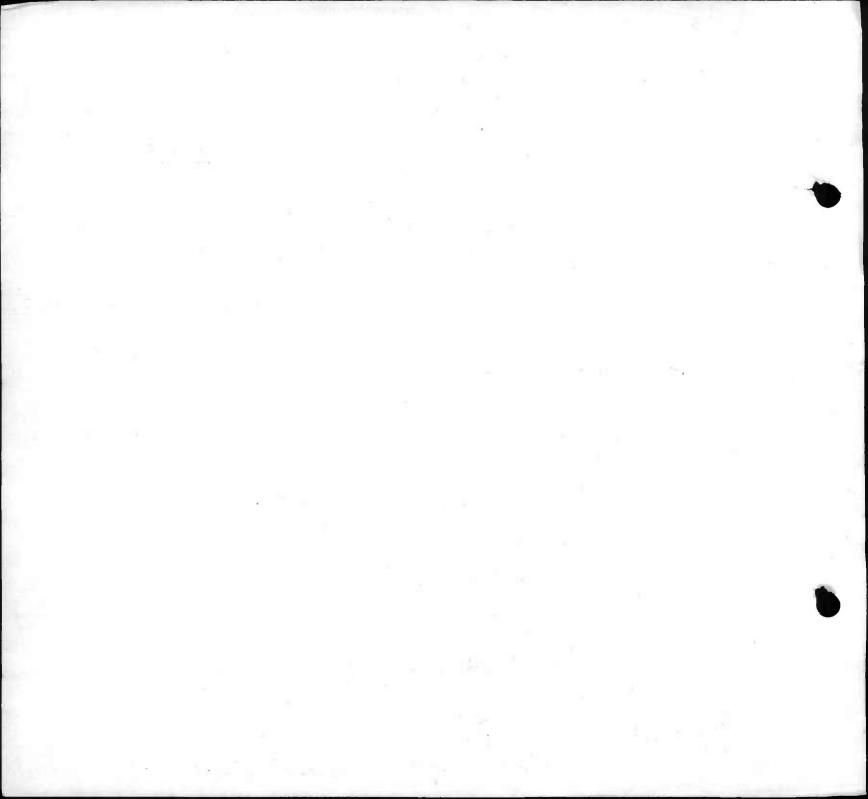
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VS 150-REV. 1/1/6B

00	F 3 40	BALTIMORE CITY HEA	LTH D	EPARTMENT
00-	5449	CERTIFICATE	OF	DEATH

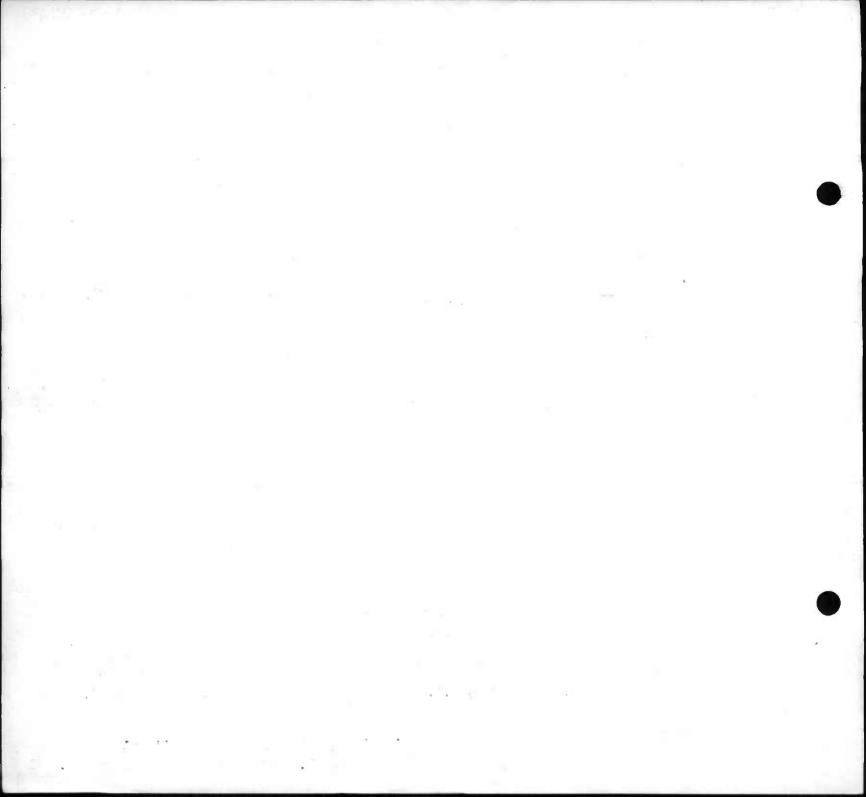
		0	0	E 440
REG.	NO.	0	8-	5449

BIKIH NO.	O DATE AND HOUR OF DEATH
1. NAME OF DECEASED (Type or Print) NED ADAMS	2. DATE AND HOUR OF DEATH 5/23/68 10:30 Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: tosidence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION)	STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION	BALTU. YES INO
Quai Noy of Balls.	17/0 NORMAL AVE.
	ORCED 7/25/06 OST BITTHOOM 6/ MORITIS DOYS
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR done during most of working life, even if retired)	
GIASS BlowER BUCK GIA	14. MOTHER'S MAIDEN NAME
DundEF Adams	FRANCES
5. Was Decoosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or Inknown) (If yos, give were or dates of service) SECURITY 16-01	1-9392 NoIA Adams 1710 NOTMAL AVE
18. 4/0,91 CAUSE	E OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	COMPLETE HEART BLOCK 140
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	E TO, OR AS A CONSEQUENCE OF:
injury or complication which caused death.) ANTECEDENT CAUSES	DSCULD = PROB MI I DAY
(B)	E TO, OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	CHRON. LUNG. DISEASE YRS.
- 420./ II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF IN	NJURY (e.g., in or obout 21/C. WHERE DID (If in Boltimore City, give exact location) ory, stroet, office bldg.,
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	
(APPROX.) While At Work	Not While At Work
22. I certify that (I) (this haspital) attended the deceased	fram 5/18 19 68 to 5/23 19 68,
that (1) (we) last saw the deceased alive an	19 and that in(my) (our) apinion death accurred on the date
and haur and from the causes stated abave. (1) (We) (did) (23A. SIGNATURE	(dld nat) view the bady after death. 23B. DATE SIGNED
Edward K. Cohen MI	Attending Med. Director Phys. 5/23/68
23C. PHYSICIAN'S NAME (Typo) ROWARD R. COHEN	MD 23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CRASE REMOVAL (Specify) 5/28/67 CAND UM	STERRY OF CREMATORY, 24D. LOCATION (City, town, or dounty) (Stoto)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	23C. FUNERAL DIRECTOR ADDRESS
10 250 PEN 2/1// B	



4	3_ W	.68	3-	9]	1	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🖺 ω	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approved mire he shained hefore the remains are embalmed or final disnosition is made.

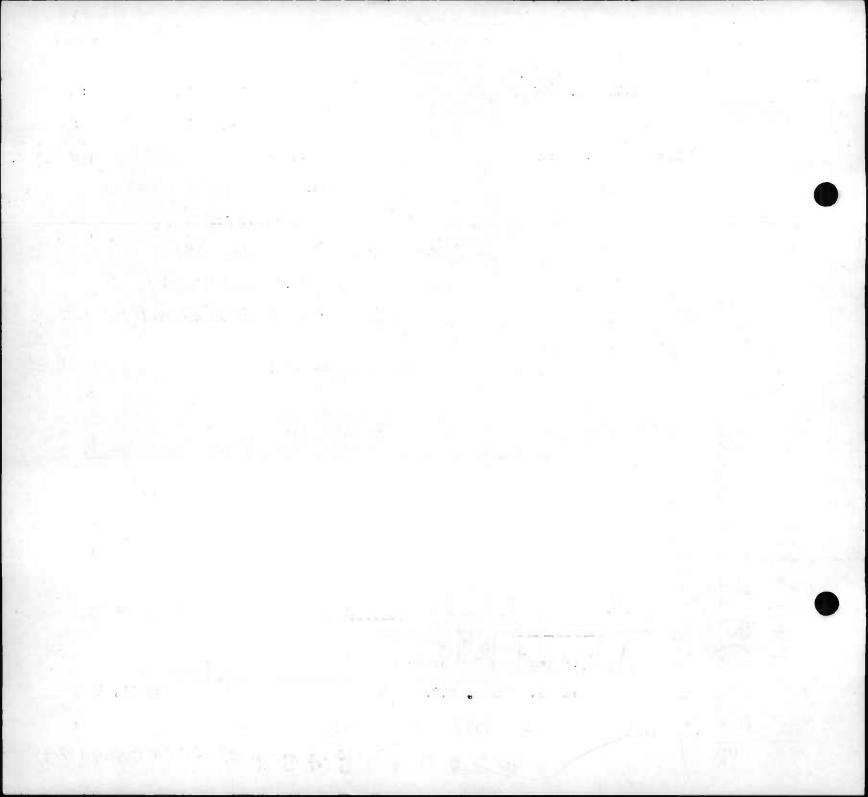
	F	3-652 68-5	1/15/1	HEALTH DEPARTMENT REG. NO.	68- 5450	
		TH NO.	CERTIFICA	TE OF DEATH		
İ		AME OF DECEASED	BARNES	2. DATE AND HOUR OF DEATH	15/10/05/10	
	3. P	PLACE IN BALTIMORE MARYLAND, WHERE PR	DATM CS	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before odmission)	
-	E111	LL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION CIVE STREET	MARYLAND BALT IMORE	53,00	
	HO	SPITAL OR ADDRESS OR LOCATION)	make opin ng takin	C. CHTY OR TOWN	SIDE CITY LIMITS?	
		BALTIMORE CITY HO 2/ 4940 Eastern Aver		Essex (21) E. STREET AND NUMBER	YES NO X	
		Baltimore, Maryla		631 DELAWARE AVENUE - 23	1221	
	S. SI	MATE LUTTE	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost hirthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	done	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if retired) imber Cutter 18g	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) VIRGINIA	U.S.A.	
		FATHER'S NAME	5	14. MOTHER'S MAIDEN NAME		
2		Spicer Barnes		Ann Hoffman		
	15. V (Yes,	Was Deceased Ever in U. S. Armed Forces? Loo ar unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: Baltimo		
	, i		213-10-7701A	4940 Eastern Avenue, Bal		
5		18. 8 S X I	CAUSE OF DEAT	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAL	Dance	in Hanne	
		(This daes not mean the made at dying, heart tailure, asthenia, etc, It means the dis-	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
		injury or camplication which caused death.)				
5		ANTECEDENT CAUSES	(B) Carc	A CONSEQUENCE OF	all the	
5		DISEASES OR CONDITIONS, it any, g		Bank Sum	de la la survino	
		UNDERLYING CONDITION last.	(C)L			
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT		20 12208		
ש		DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WER	F FINDINGS CONSIDERED	
	ERTIFIC	WAS PERFORMED		YES IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
5	U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If In Boltim	ore City, give exact location)	
2	일	DEATH (notify medical examiner)	etc.)			
3	3	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?		
5		(APPROX.)	Work Al Work		1	
		22. I certify that (I) this haspital attend	-101	139 1968 to	5/ 34/19 68.	
00	1	that (I) (we) last saw the deceased alive	"	19 ond that in (my) au a	plnion death accurred an the date	
UST	1 1	and haur and fram the couses stated about 23A. SIGNATURE	ve. () (We) (did) (did nat) v	view the bady after death.	23B. DATE SIGNED	
E		Mark R. () Sky	ancon ND. Atte	ending Med. Staff s. Director Phys.	5/24/68/	
			- TOE GREE	23D. ADDRESS BALTIMORE CITY HO	ISDITIALS /	
>		23C. PHYSICIAN'S		230. ADDRESS DATITITION OFFI INC	VI TIMED	
Pool d		NAME (Type) NEIL R. WILL, IA	MSON, M.D.	4940 Eastern Avenue, Bal		
approva		MELL IC. WILLIAM	MSON, M.D.	4940 Eastern Avenue, Bal		
phio	24A	Burial CREMATION, 24B. DATE 24B. Burial (Specify)	MSON, M.D. C.NAME of CEMETERY of CR	4940 Eastern Avenue, Bal	City, town, or county) (Stote)	
bbrok	24A	Burial CREMATION, 24B. DATE 24B. Burial (Specify)	MSON, M.D. DEGREE C. NAME of CEMETERY OF CR	4940 Eastern Avenue, Bal	timore, Md. 21224	



m-300

68- 5451 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 68- 5	5451
1 NAME OF DECEASED	2. DATE Known Manth Day Year H	our
(Type or Print)	OF	:35 pm
WILLIE R. NOUNCED DEAD	DEATH 3	+:35 PM
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION; GIVE STREET	PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	May 21 1968	4:35 DM
29	5. USUAL RESIDENCE (Where deceased lived. If institution: residence befa A. STATE B. COUNTY	re ad sisian)
Provident Hospital	Maryland	7-0
6. ŠEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Male Colored WIDOWED DIVORCED	Balto. YES NO	
9. DATE OF BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	
1-25-1927 lost birthday) Manths, Doys, Hours, Min.	1/1/ 5	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	1416 Brunt Street	
WHAT COUNTRY?	S. FATHER'S NAME	
11,6	WILLE MOORY DK.	
I 4A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired)		
NANE	MAGGIE UNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS	
(Yes, no prynknown) (If yes, give wor or dotes of service) SECURITY NO.	ANNIE MARE MARLY 1822 N PORT	ch
19. CAUSE OF DEA	THE MALE MOUNT TO THE MAN APPROXI	XIMATE INTERVAL
CAUSE OF DEA		ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A) IMMEDIATE C	CAUSE Epilepsy	
heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (C)		
E 37.378 II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY	/? (Yes or No)
	3775	2
Z2A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obaut 22C. WHERE DID (If in Baltimore City, give exact location)	.
UNDERLYING OR CONTRIB- home, farm, factory, street, affice uting Cause of Death.	e bldg., etc.) INJURY OCCUR?	
OF INJURY (Manth) (Day) (Year) (Haur) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
MHILE AI NOI	WHILE CORK	
23.		
I certify that held an Inquiry Inspection Au	tapsy 🛮 and that on this basis, death In my apinian	
resulted from: Natural causes A Accident Suicide		
	CHIEF MEDICAL EXAMINER	
ACTUAL DE MILANE TO MICO	DA	TE SIGNED
SIGNATUR	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	0.60
NAME (Type) Edward F. Wilson, M.D.	May 22, 19	968
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, ar county)	(State)
REMOVAL (Specify) 5-27-68 MT ALL	BURN BALTINARE M.	di
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	1
MAY 9 7 1000 A O C T. O	JOSEPH KNIGHT 1639 N. BROA	dWELL



Baltimore, Maryland

Robert Comercial tenburg, Funeral Homeress 6009 Harford Rodd, Baltimore, Md.

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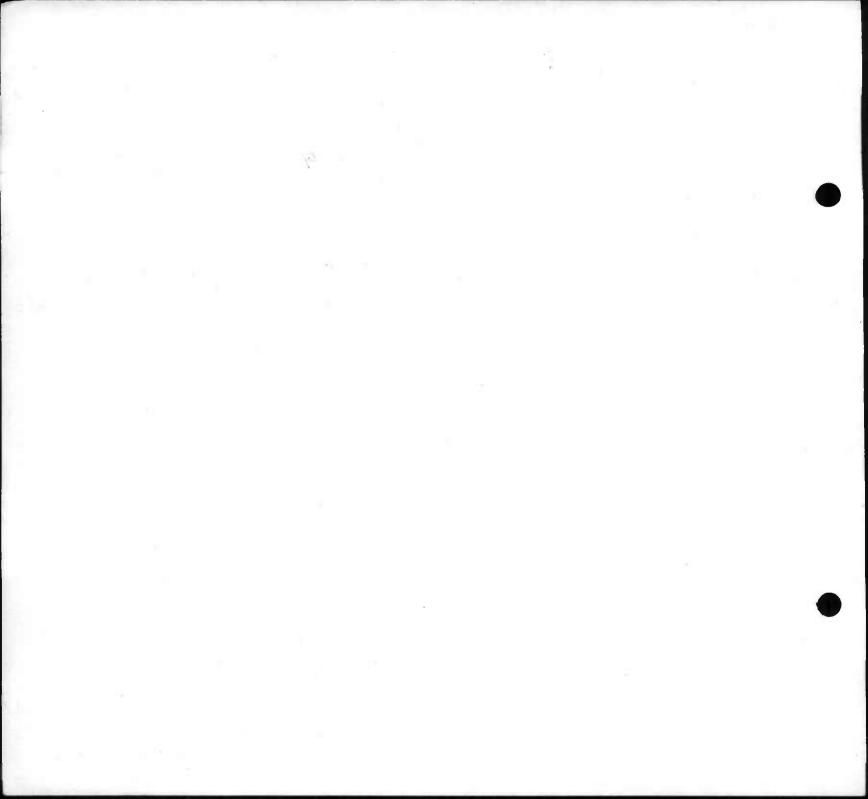
BIR	TH NO.				2 CERTIF	ICA	TE OF DEATH	REG. NO	68	5452	
	AME OF DECEA	SED 4114	24	laine XXXXX	WE DAG	RE	2. DATE	2421, 19	168	1:30 p	M.
FU	LL NAME OF SPITAL OR	(IF NOT II ADDRESS	N HOSPITA	L OR INSTIT	UNCED DEAD UTION, GIVE STREE HOSPITA	No. War	A. STATE B. COL MARY LE GCITY OR TOWN BALT WE E. STREET AND NUMBER 3322 G	HVD	VES X	NO	ian)
5. 5	F 6.	RACE	J	· MARRIED	NEVER MARRIE		B. DATE OF BIRTH	9. AGE (In years last birthday	If Unde Months	Days Haurs Mir	
don	Housewi FATHER'S NAME	king life, even			home	DUSTRY	11. BIRTHPLACE (State of for MARY L & 14. MOTHER'S MAIDEN N Unknown	CVH	3,314	ZEN OF WHAT COUN	
15. (Ye:	Was Deceased Events, na ar unknawn) (If	er in U. S.	Armed Farce var or dates	of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Frances E. Wa	goner - 221	8 Bost	ADDRESS	
TION	(This does not heart failure, as injury or compli	Ihenio, elc. calion whice TECEDENT CONDITION Obove car CONDITION II	DEATH mode of II meons the caused of CAUSES DNS, if a use (A) I last.	dying, e.g., the disease death.) ny, giving stating the	(B)	ATE CAU OR AS	0 - 1 - 1	Hemorph		APPROXIMATE INTERV. BETWEEN ONSET AND DE	
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 hame, farm, factory, street, office bldg., IN etc.) 21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED While A1 Not Work A1 Work 22. I certify that (I) (this haspital) attended the deceased from Way							IN CERTIFYING	CAUSES OF	CONSIDERED DEATH?		
						ED at While I Wark	21F. HOW DID II	19 68 to that in (my) (vor) x		th occurred an the	dote
24/	23C. PHYSICIAN NAME (Type	TION, 248.	EL S		OEGR	Phys	23D. ADDRESS UNTO A	Shaff Phys WEMOR	14	24241968 05077AL	e)

New Cathedral Cemetery

25B NAME OF REGISTRAP

DESCRIPTION CONTRACTOR They had been what the second second The second secon

1 -	C 201	BALTIMORE CITY HEALTH DEPARTMENT 68- 5453			
	3 50'	CERTIFICATE OF DEATH REG. NO.			
	l and death eased n the Such	BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. Date and Hour of Death (Type or Print)			
		LELA LAND 3.21.08 3 P.M			
	hospita ise of (5) Dec ance o death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY ADDRESS OF LOCATION ADDRESS OF LOCATION			
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	in a na cause; attend ior to	Balla more VES NO			
	D = :	Lutherau firspiroc 1604 N. HILTON St.			
	occurre ontribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Doys Hours Min. Months: Doys Min. Month			
	上の世上の日	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)			
	or nde de itio	Housewife South Caroline U.S.			
	rect or (4) Und was the d	13. FATHER'S NAME HENRY RAWLS EUGENIA HOTER			
Z	このかもどる	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Dave C. Jand 1604 N. Hilton, St. 21216			
IMPORTAN	the the kind dea	No Dave C. Land 1604N. Hilton St. 21216			
ō	if if any ced or or	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
X	Also, noun atter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Menula fitis, oracle 4 days (A) IMMEDIATE CAUSE Menula fitis, oracle			
	er. A cture prono lar ai	heart failure, asthenio, etc. It means the disease,			
OR	E B PE	injury ar camplication which caused death.) ANTECEDENT CAUSES			
C	A fr Who reg	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:			
DIRECTOR:	ex ex (3) an in in	rise to the above couse (A) stating the UNDERLYING CONDITION last. (C)			
	edical dical rrns; (; sician was ii mains	z 3 40,3 II			
ZAI	E ph	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL VISEASE OR CONDITION GIVEN IN PART I (A).			
UNERAL		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
5	by c (2) Bo re th phys	U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID Iff In Bultimore City, give exect location			
	y th ital e; (; her No	DEATH (notify medical examiner) etc.)			
	Sp v c	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Approx Month		ai de ai	Work At Work
0	appro to the of any of (exc of); an	22. I certify that (M (this hospital) attended the deceased from 5.17 19.68 to 5.21 19.68 to that (M) (we) last saw the deceased alive on 5.21 19.68 and that in (M) (our) opinion death occurred an the date			
	00	ond haur and from the causes stated abave. (We) (34) (did not) view the bady ofter death.			
	leased to ident of hospital o death)	23A. SIGNATURE) 23B. DATE SIGNED AHENDING Med. Staff A			
	must be released accident a hospit r to deat	Attending Med. Staff Phys. Director Phys. 5 - 23 - 68			
	certificate must body was releas vs: (1) An accide D.O.A. at a hos ased prior to de ten approval mu	NAME (Type) E. PAFEL			
	Y W	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) (Stote)			
	cert 500dy 7s: (D.O 0.0 0.0	Burial 5-24-68 Baltimore National Cemetery Baltimore, Maryland			
	This certif the body shows: (1) was D.O.A deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 1735 Harford Avenue DRESS MAY 27 1968 A CORREST Was Jones, Jr. 21213			
	F + 0 5 0 5	VS 150-REV. 1/1/68			



00	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5454
08-	5454 CERTIFICA	TE OF DEATH	REG. NO.	00 0101
BIRTH NO.	CERTITION	TE OF DEATH	HOUR OF DEATH	
Type or Print)	9	2. DATE AND	HOUR OF DEATH	11:10
10b4 DI	24	14. USUAL RESIDENCE (Where	2-1768	10.13 T. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO DEAD	A. STATE B. COUNT		on; residence before damission.
FULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	11/9/14/	a. Nd 2	1225
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
4/3		Baltimor	E YES	X NO .
11 11 11.	1 11	E. STREET AND NUMBER	1	35.
South Baltimore GENE	rah Hosp.	4/26 Ha	QUE AV	1E. 15.0
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hr.
Male White WIDO		7-25-14	ost birthdoy) Mor	iins Doys Hours Iviin.
A. USUAL OCCUPATION (Give kind of work 10 B, KIN		11. BIRTHPLACE (Stote or foreig	n country) 12.	CITIZEN OF WHAT COUNTR
one during most of working life, even if retired)	1-1-1		10	
\mathcal{U}	NEMPloyEd		Va.	
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE'	
StEphen Br	Paru			
. Was Deceased Eyer in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) M yes, give wor or dotes of serv	security NO.	Family		Same
1B. LL 10,9	CAUSE OF DEAT	н		SETWEEN ONSET AND DEA
DISEASE OF CONDITION DIRECTLY	0.1	to 1	11. + 7. 0.	
LEADING TO DEATH	repa	ctory Congestive	Helen Janem	(
(This does not mean the made of dying,		A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ease,			
	11 -	74.		1 0 11
ANTECEDENT CAUSES	(B) HISWRY	of Massive My	cardial Lujan	Tay 3-4 mos.
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	CONSEQUENCE OF:	11. 1	
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (c) Mur	al Thumbus &	Ventricial	
17 2 2 1 1	(0)			
Z 4201 II	C 1	1 + 101	1 1.1	
TO THE DEATH BUT NOT RELATED TO THE TERMINATIONS.		lus le Deleg,	hum (C)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED
WAS PERFORMED		ZOA. AUTOPSTACTES OF INO	IN CERTIFYING CAUSES	OF DEATH?
		1ES		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bidg., INJURY OCCUR?	(If in Boltimore City	, give exact location)
DEATH (notify medical examiner)	elc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY	While At Not Whi			
(APPROX.)	Work At Work			
22. I certify that EF(this hospital) attended	ded the deceased from		968 to 5.	-22 1968
	6-27	19 68 and the		
that (we) lost sow the deceosed olive		ond the	Tin (mag) (our) optimion	deoth occurred on the do
ond haur and from the causes stated abo	ve. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	/			DATE SIGNED
Lunald M	/ // ///// Dh.	ending Med. Director	Staff Phys.	5-23-68.
23C. PHYSICIAN'S	GEGREE TH	23D. ADDRESS		200.
NAME (Type)	1	1101	1.	1 11
WoNald Wo	od . DEGREE	South Balt	=IMOPEGE	NETal Hos
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION (City, to	wn, or county) (Stotes)
Burial 5/25/68	Glen Haven Mem H	ck Glen	Burnet - Ma	Ma
				Md
	ME OF REGISTRAR	25CFPUNERAL DIRECTOR		Palanse)

alex

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1968

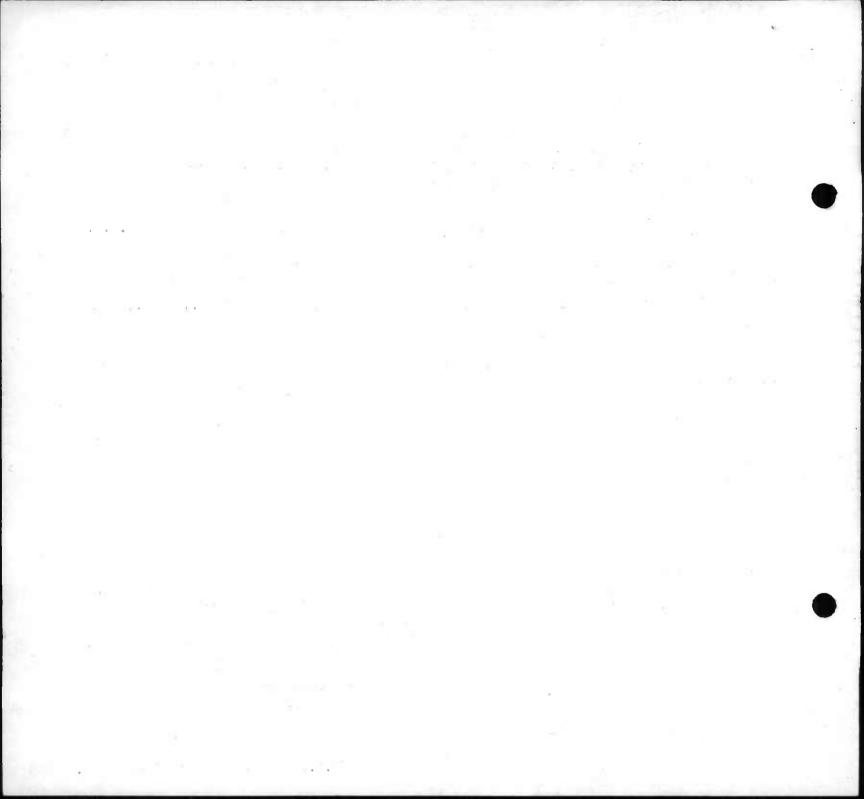
VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

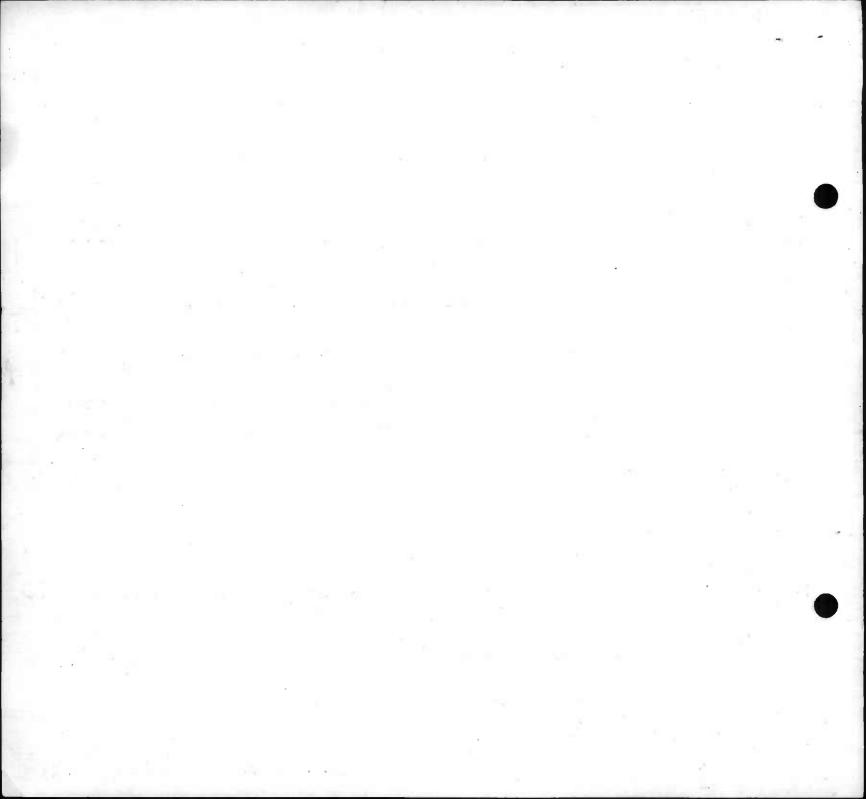
8-422	68-	545	5	TE OF DEATH	REG. NO	68 5455
BIRTH NO.			CERTIFICA		/)	00 0200
1. NAME OF DECEASED (Type or Print)	BLAKE	WICK,	STANLEY J	2. DATE A	ay 21, 1968	9:35 A
3. PLACE IN BALTIMORE,	MARYLAND, WHER	E PRONOL	JNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. It in	stitution: residence before admission)
FULL NAME OF (IF HOSPITAL OR AD	NOT IN HOSPITAL O	OR INSTITU	JTION, GIVE STREET	Maryland Bal	timore D. INS	IDE CITY LIMITS?
Vetera			on Hospital	Baltimore E. STREET AND NUMBER		YES NO
	Loch Raven			6801 Collins	dale Road	
SEX 6. RAC	7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
	LUE	IDOWED[12/11/14	53	
OA. USUAL OCCUPATION one during most of working I Clerk	fe, even if retired)		BUSINESS OR INDUSTRY arkets	Scranton, Pa		U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA		
Alexander 1	Blakewick			Antonette Ch	erwinski	
5. Was Deceased Ever in Yes, no or unknown) (III yes,			1 6- SOCIAL SECURITY NO.	17. INFORMANT VA H	ospital Reco	ADDRESS
	7/43 - 1/23		196-01-5763	3900 Loch Rave		
18. / 2 2 6	11	1-12	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR A	CONDITION DIRECT	TLY				BETWEEN ONSET AND DEATH
	G TO DEATH		(A) IMMEDIATE CAL	METASTATIC I	MALIGNANT ME	LANOMA 4 WEEKS
(This does not mea heart failure, astheni				A CONSEQUENCE OF:		
injury ar camplicatio			ATOME	DIAGAI DO ABIA DO	NAME DECEMBED	1918
ANTECE	DENT CAUSES		(B)	RIOSCLEROTIC HE	EART DISEASE	
DISEASES OR CO			DUE TO, OR AS	A CONSEQUENCE OF:	= = = = = = ± ± ± 000 ± 000 000 000 000	
rise to the abov		ing ine	(C)			
100.9	- 11		(-,			
O THE SIGNIFICANT OF TO THE DEATH BUT NO DISEASE OR CONDITION						
	N GIVEN IN PART 1	(A).		1004		
19A. DATE OF OPERA	WAS PERFOR		WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS	UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If In Baltimor	e City, give exact location)
OR CONTRIBUTING		hom etc.)		ffice bldg., INJURY OCCUR?		
21D. TIME (Month	(Doy) (Yeor) (H	lour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
OF INJURY			le At Not Whil			
		Woi			70	(0)
			he deceosed from	May 14th	A A	May 21st 19 68
						nion death occurred on the date
	he causes stated	above. A) (We) (did) (did) (did) (iew the body ofter death	•	
23A. SIGNATURE	9	4.				23 B. DATE SIGNED
16.04	. Twoming	v M	DEGREE Phy	ending Med. Director	Staff Phys.	may 21, 1968
23C. PHYSICIAM'S NAME (Type)	LPH A. T	WININ(3900 Loch Rave		
AA BUBIAL COPIA	248 DATE	0.40 11	DEGREE	Baltimore, Mar		
24A. BURIAL CREMATION REMOVAL (Specify) Burial	5-24-68		altimore Natio		Baltimore,	Marvland
25A. DATE REC'D BY HEA	LTH DEPT. 25		F REGISTRAR	25C FUNERAL DIRECTO		ADDRESS
MAY	27 1968	Be B	DE Starband		4 9	Reven Blvd. 21204
VS 150-REV. 1/1/68			*		. ,	2



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1			HEALTH DEPARTMENT	. 1	7.07
11	-652	68- 54	156 CERTIFICA	TE OF DEATH	REG. NO	1274
	H NO.		CERTIFICA		AND HOUR OF DEAT	68-5456
	e or Print)	v Mittener				F-00 AM
3. P	THORNSBERR	D, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	lay 18, 1968	institution: residence before admission)
				A. STATE B. CO	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Ma 12
HO	L NAME OF (IF NOT IN H PITAL OR ADDRESS OR TTUTION	LOCATION)	UTION, GIVE STREET	Maryland c. City or town	D. IN	ISIDE CITY LIMITS?
1143				Baltimore		YES NO
T)	7 - Will Nomein	- 0 0	annount Otto	E. STREET AND NUMBER	(Parston)	
130	olton Hill Nursin	g & Convar	escent our.			
5. S	X 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	Male White	WIDOWED		11. BIRTHPLACE (Stote or fo	58	
	USUAL OCCUPATION (Give kind during most of working life, even if re		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
		Fa	rmer	Virginia		II S A
13. [ATHER'S NAME		Aller	Virginia 14. MOTHER'S MAIDEN N	AME	
	John Thornsb	erry		Bessie Ha	WAS	
15. V	/as Deceased Ever in U. S. Arm no or unknown) (If yes, give war	ed Forces?	16. SOCIAL	17. INFORMANT	IMES	ADDRESS
ites	No	of dutes of service)	212-1855-33	Evelyn M. The	ornsberry. F	alston, Maryland
	18. 1/1 6 9 1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITIO	N DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DE	ATH	(A)IMMEDIATE CAU	SE CEREBY /	Emalowe.	4/60
	(This does not mean the mo- heart failure, osthenio, etc. It r		DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which c					
	ANTECEDENT CA	USES	(B) / d=	y sertime	C V dine	1 Vines
	DISEASES OR CONDITIONS			CONSEQUENCE OF:		
	rise to the obove couse UNDERLYING CONDITION to		(c)	eleveten ?	tererlises	year
	442X 11					
ATION	OTHER SIGNIFICANT CONDITION					
	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN DECEMBER	N PART I (A).				
ERTIFIC		CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	NA ACCIDENT WAS UNDERLY	100	BLACE OF INTURE	L JOIC WHERE DID	W : 0 lii	
	OR CONTRIBUTING CAUSE O	F	ne, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(It in Baltim	ore City, give exact lacation)
U	DEATH (notify medical examiner)	etc				
	OF INJURY (Month) (Doy)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
<	(APPROX.)	w.	hile At Not While At Work			
	22. I certify that (I) (this ho	spital) attended	the deceased fam	5/14	1968 to	May /8 1968.
	that (1) (we) last saw the de	ceased olive an.	5/18	19 68 and	that in (my) (our) o	pinian death occurred on the date
	and hour and fram the cause	s stated above. (I) (We) (did) (did nat) v	iew the body after deat	h.	
11 1	3A. SIGNATURE	-011	21-			238, DATE SIGNED
	al	11/any	Dhy	nding Med.	Staff Phys.	5/18/62
	23 C. PHYSICIAN'S	(OE GREET	23D. ADDRESS	111/3.	19/10/01
	NAME (Type)	H. MA	CHT MD	2 F REA	4D ST.	alt M -1202
24A	BURIAL CREMATION, 24B. DA	TE 24C, N	AME of CEMETERY OF CRI	MATORY 24D	LOCATION	City, town, or county) (State)
	REMOVAL (Specify)	1000				
						Mareland
200			Mary's Hamp			Maryland
25A	DATE REC'D BY HEALTH DEPT.	25B. NAME	of REGISTRAR	25C. FUNERAL DIRECT	OR	Maryland ADDRESS h Raven Blvd. 04



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

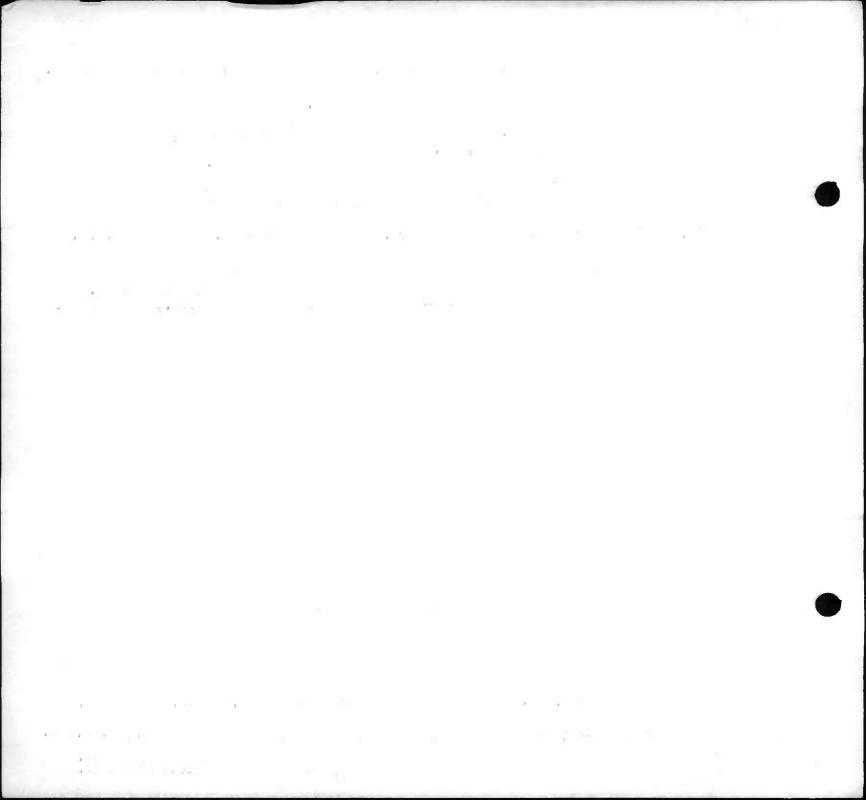
68- 5	A 57 BALTIMORE CITY	HEALTH DEPARTMENT	a place to	00 5 15
	CERTIFICA	TE OF DEATH	REG. NO	58-5457
BIRTH NO.			D HOUR OF DEATH	
(Type or Print) A A A A A A A E T	G.S MEEV.		13-68	1010 0.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il ins	stitution: residence before admission)
		A. STATE B. COUN	TY	26-21
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	IYIU		26-26
INSTITUTION	DE ANGLES CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE L	C. CITY OR TOWN	7 A - D. INSIL	YES NO
	1 +1	E. STREET AND NUMBER A	ar	1 NO
BSCHURCH HOME?	HOSPILD/	12270	ELBERT	AUE. 22
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	OWED DIVORCED	2-10-17	lost birthdoy	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108. KI)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	1 CENTERA	Balto.	Md.	USA
13. FATHER'S NAME	Else	14. MOTHER'S MAIDEN NAM		USA
Change Co		11 1.1	, , /	
HARRY YREGORE		MAIROG	* WANK	54
15. Was Deceased Ever in U. & Armed Joices? (Yes, no oi unknown) If yes, give woi or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS
	213-10-6905	TAL	IENT	0
18. /8-4. /	CAUSE OF DEAT	H / / / /		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1. 1.	- / /	
LEADING TO DEATH	(A) IMMEDIATE CAL		c shock	***************************************
(This does not mean the mode of dying, heart laiture, asthenia, etc. It means the di	seose,	A CONSEQUENCE OF:		
injury or complication which coused death.	C 1	11/1/1		1-1-1-
ANTECEDENT CAUSES	(B) CA	OF TITE VOIL	A	
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling	3, , , , 3	A CONSEQUENCE OF		
UNDERLYING CONDITION lost.	(C)	••••••		
12610 1				
O OTHER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO THE TERM OD) SEASE OR CONDITION GIVEN IN PART 1 (A).				
		100 A	V 000 1	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	IIf In Baltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	fice bldg., INJURY OCCUR?	n in bonniore	city, give exoct tocollon;
U				
21D. TIME (Month) (Doy) (Yeoi) (Hour	While At Not While	21 F. HOW DID INJ	JRY OCCUR?	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atter	ided the deceased from	-19-68	19 68 10 5-	-23- 1965.
that (1) (we) lost sow the deceased aliv	e on 5 - 23 -	19 68 and the	ot in (my) (our) opin	nion death occurred on the date
and hour and from the causes stated abo	ove. (I) (We) (did) (dld not)		/	
23A. SIGNATURE				23B. DATE SIGNED
Willing	O Dhu	nding Med.	Staff Phys.	5-23-68
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	. /	2 0 2 0 2
NAME (Type)	10six1	CHY	# -	
	24C. NAME of CEMETERY OF CR	MATORY 24D. LC	OCATION (City	y, town, or county) (State)
REMOVAL (Specify)	03 17			
Rumial 5 27 68 25A. DATE REC'D BY HEALTH DEPT. 2SB. N	Glen Haven	G16	n Burnie, A	. A. Co. Nd.
MAY 2 7 1968 (R.C	1. 1-8 Fallway	Mc Curiy	130 E	• Fort Ave
VS 150-REV. 1/1/6B		J	-JO B	

They are Water

eceased

Was

Phys. Director L Phys. L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 6010 Eastern Ave., Balto., 21224, Md.
or CREMATORY 24D. LOCATION (City, lown, or county) Rafael A. Santayana 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 7225 Eastern Blvd., Ba.Co., Md. -68 Burial Oak Lawn Cemetery 25C. FUNERAL DIRECTOR 6224 Eastern AVE Balto., 21224, Md. VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

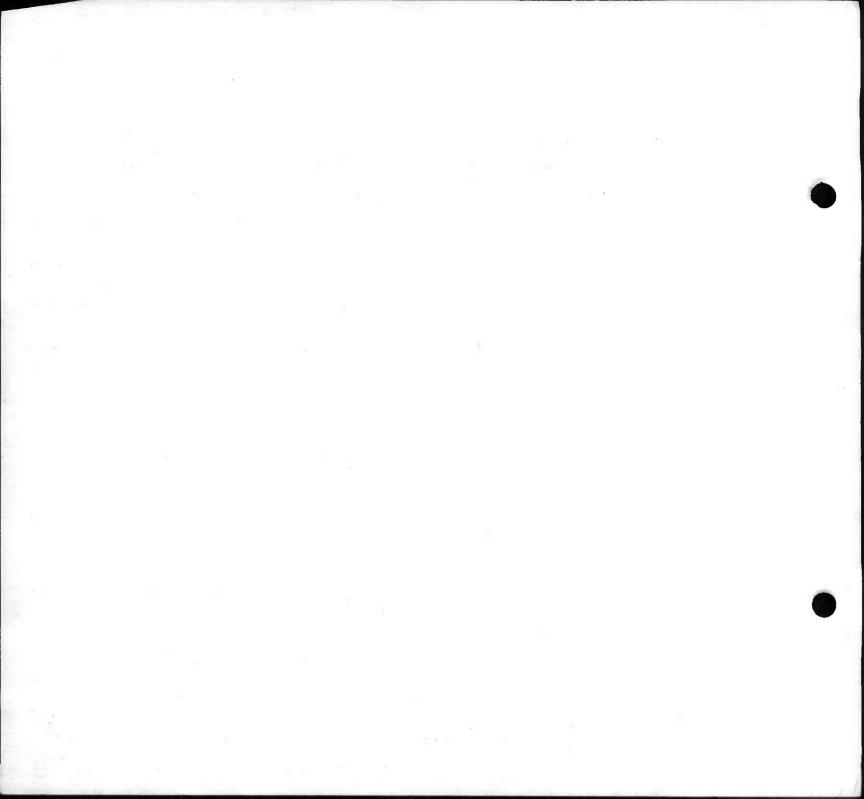
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

68- 5459 CERTIFICATE OF DEATH

REG. NO. 38- 5459

BIR	RTH NO. 00° JAJJ CEKTIFICA	TE OF DEATH
1. N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Тур		10 May 22 1968 11:50 AM.
3. 1		A, TATE B. COUNTY B. COUNTY
	7 1	27//
HO	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INS	STITUTION	
	JEWISH CONU. HOME	E. STREET AND NUMBER
0	2A P. A. B	
Z	O PALL MALL ROAD	1601 Pall Mall RO
5. S	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	WIDOWED DIVORCED	Dec 1885 92
done	ne during most of working life, even if retired)	1150
1	MOOFING SUPPLY	Maska Maa
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
<	5 1	Rose
	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	NO	Edward Lindberg 5533 dist Ove
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	0 (())
	LEADING TO DEATH	is Dranchiax Incumoria 4 days
		A CONSEQUENCE OF:
	injury or complication which coused death.)	
	ANTECEDENT CAUSES	
	DISEASES OF CONDITIONS if any siving DUF TO OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stating the	
	Transfer was a construction of the constructio	
	UNDERLYING CONDITION lost, (C)	
	PF9/X II	
NO	791/ 11	Oint Antoineclarin 10001
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	ralizad Arterioschois years
CA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED
CA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	4
<	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION WAS PERFORMED 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
EDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?
ICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If in Boltimore City, give exact location) [Injury Occur?] [21F. How DID INJURY OCCUR?]
EDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? n or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR?
EDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify tha (1) (this hospital) attended the deceased fram	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If in Boltimore City, give exact location) [Injury occur?] 21F. How DID INJURY OCCUR?
EDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21C. I certify tha (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive on 22	20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) [In Jury Occur?] 21F. HOW DID INJURY OCCUR? 19 68 19 68 and that in my (aur) apinian death accurred an the date
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify tha (1) (this hospital) attended the deceased fram that (1) we) last saw the deceased alive on and hour and from the causes stated above. (1) We) (did) (did nat) v	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or about 21C. WHERE DID (If in Boltimore City, give exact location) [In Jury Occur?] 21F. HOW DID INJURY OCCUR? 19 5 ta 73 3 19 68. 19 68 and that in (my) (aur) apinian death accurred an the date riew the bady after death.
MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Or Not While At Work 22. I certify that (I) (this hospital) attended the deceased from the (I) we) last sow the deceased alive on and hour and from the causes stated above. (I) (We) (did) (did nat) verificance of the causes stated above. (I) (We) (did) (did nat) very control of the causes stated above. (I) (We) (did) (did nat) very control of the causes stated above. (II) (We) (did) (did nat) very control of the causes stated above. (II) (We) (did) (did nat) very control of the causes stated above. (II) (We) (did) (did nat) very control of the causes stated above. (II) (We) (did) (did nat) very control of the cause of the cau	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 68 and that in my) (aur) apinian death accurred an the date riew the bady after death.
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MEDICAL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Order Of Industry (APPROX.) 22. I certify that (II) (this hospital) attended the deceased fram that (II) (We) last saw the deceased alive on and hour and from the causes stated above. (II) (We) (did) (did nat) very considerable of the course of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) [In Jury Occur?] 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 68 19 68 19 68 19 68 19 68 19 68 19 68 23B. DATE SIGNED 23D. ADDRESS 9//5 Recistant forms 20B. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS 9//5 Recistant forms 23D. ADDRESS
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	3. FUH IN 5.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) JEWISH CONU. HOME OR ADDRESS OR LOCATION S. SEX O. RACE O. MARRIED NEVER MARRIED DIVORCED 10A. USUAL OCCUPATION (Give kind ol work 10 B, KIND OF BUSINESS OR INDUSTRY done during most ol working lile, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS



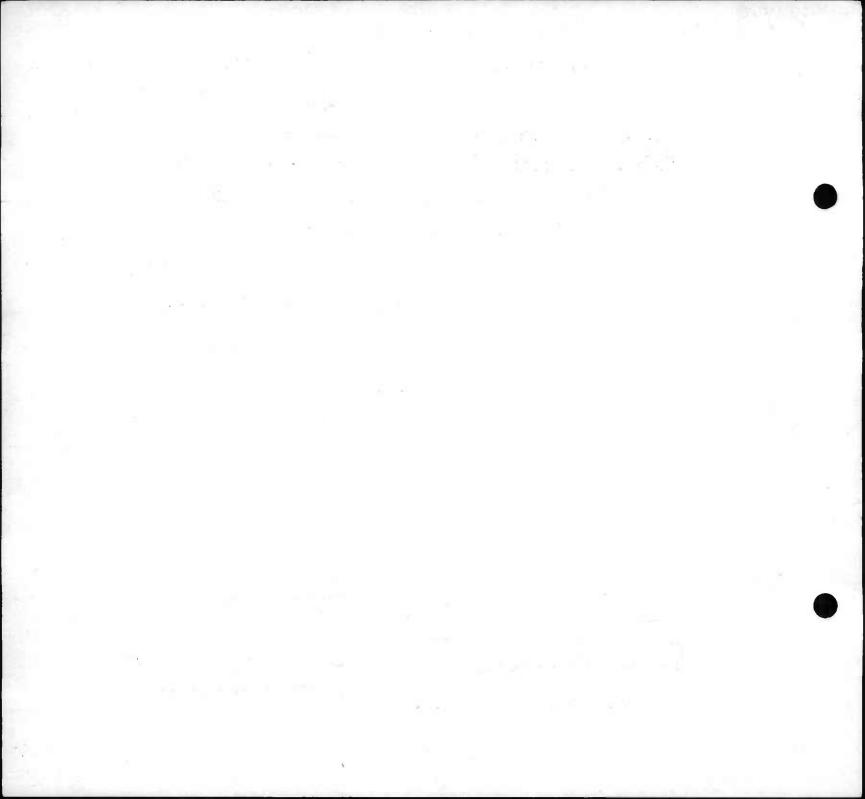
VS 150-REV. 1/1/68

		BALTIMORE	CITY	HEALTH	DEPARTMENT
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68- 5460 CERTIFICATE OF DEATH

REG. NO.	68	5460

BIRTH NO. DO JAOU CERTIFIC	CATE OF DEATH
T, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
Stargys, Anthony	may 22, 1968 11:15 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland /8-03
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS? YES K NO
St. Agnes Hospital	Baltimore YES NO L.
Caton & Wilkens Aves. Balto, Md. 21229	866 W. Lombard St. #01
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
Male White WIDOWED DIVORCED	□ 6/6/1899 88
IDA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OF INDU	ISTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Laborer Eastern Venetian Bel	ind Lithuania U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henknown	Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT
no 213.30-96	676 Mys Julia Nikroseus
18. / O T CAUSE OF D	PEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	en a mention of
(A)IMMEDIATE	R AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A seconstruction
ANTECEDENT CAUSES Arc	enoul : cande vare break 3 yr
DISEASES OR CONDITIONS, if ony, giving DUE TO, O	OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
ONDERCTING CONDITION IOSI, (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimare City, give exact location)
	et, office bidg., INJURY OCCUR?
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At ☐ Not	While
Work At V	Work Dan 1968 to Man 22 1968
22. 1 certify that (1)-(this hospital) attended the deceased from	
that (I) (we) lost sow the deceased alive on	and that in (my) (our) opinion deoth occurred on the dote
ond haur and fram the causes stoted above. (1) (We) (did) (did no	ot) view the body ofter deoth. 238. DATE SIGNED
234 31614 2	Attending Med. Stoff 5.24.64
OEGREE D3C, PHYSICIAN'S	
23C. PHYSICIAN'S NAME (Type)	215/ Wilkens and
J. Kudirka M.D. oe 24A. BURIAL CREMATION, 124B. DATE / 124C. NAME of CEMETERY o	F CREMATORY 24D. LOCATION (City, town, or county) (Stoty)
REMOVAL (Specify)	e miles of 1 - De Mile.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	wer Com 4430 Defays an ADDRESS
MAY 9 7 1009 A O & TA O HA	John & Lawrent Son Ino 21/1/10



the bady was released ta the hospital by a medical examiner. Alsa, if the direct ar cantributing cause af death shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased

deceased priar ta death); and (6) Na physician was in regular attendance on the deceased priar to death. Such written appraval must be obtained befare the remains are embalmed ar final dispasitian is made.

was D.O.A. at a hospital (except where the physician wha pranaunced death

was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	68	- 340	CERTIFICA	TE O		KEG	()	8-548	1
1. NAME OF DEC						ND HOUR OF		112520	54112
	Donald Balf			T	M	ay 19,	1968	9:50	Р м
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PROND	UNCED DEAD	A. STATE	RESIDENCE (Wh	NTY		on: residence befor	e odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		Va.	L	1-43		
HOSPITAL OR	ADDRESS OR LOCA	ATION)	III SAFE IN		OR TOWN		D. INSIDE CI	TY LIMITS?	
	ic Health Ser		spital		hlands		YES	X NO [
3100 Wy	man Pk. Drive				123- 6th S	troot			
<u> </u>				1					
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE		9. AGE (In y lost birthday)	eors It U	Inder 1 Yr. If U	nder 24 Hrs. Min.
M	W	WIDOWED			7/35	3:	3		
	UPATION (Give kind of work working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. SIRTH	PLACE (State or for	eign country)	12.	CITIZEN OF WHA	T COUNTRY
Coal M					Va.			USA	
13. FATHER'S NA	ME			14. MOTI	HER'S MAIDEN NA	ME			
Vi	rgil Reedy			E	Beatrice B	urse			
15. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFOR	MANT			ADDRESS	
No No	n) (It yes, give wor or date	s of service)	223-40-1553	Rec	ords- US	PHS Hos	pital, B	alto, Md.	
18.	44 9	3 3	CAUSE OF DEAT	Н				BETWEEN ONSE	E INTERVAL
DISEA	SE OR CONDITION DI	RECTLY							
	LEADING TO DEATH		(A) IMMEDIATE CAL	JSE Ma.	lignant ly	mphoma	,	12 yr	S.
heart failure	nol meon the mode of , asthenia, etc. Il meons mplicotion which caused	the disease,	DUE TO, OR AS	A CONSEC	DUENCE OF: LYMP	hocytic	type		
	ANTECEDENT CAUSES		4-1						
DISEASES	OR CONDITIONS, if	ony, giving	(B) DUE TO, OR AS	A CONSE	QUENCE OF:				
rise to th	ne obove cause (A)								
UNDERLYIN	G CONDITION last.		(C)						
9	FICANT CONDITIONS CO								
V DISEASE OR	CONDITION GIVEN IN PAR F OPERATION 198 CON		WHICH OPERATION	120 A . A	AUTOPSY? (Yes or N	0) 20B IF VE	S WEDE FINDI	NGS CONSIDERED	
19A. DATE O	WAS PER	FORMED	WHICH OFERATION		yes	IN CERTIF	THE CAUSES	OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING TO CAUSE OF y medical examiner)	21 B. hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	in or about iffice bldg.,	21 C. WHERE DID INJURY OCCUR?	(lf i	n Baltimore City	, give exact locatio	n)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		21F. HOW DID IN	JURY OCCUP	?		
S OF INJURY		Wh	ile At Not While	le 🗍					
22 1	y that ()) (this haspital				4	19 68 to	May	19	19 68
	y that (f) (this haspital) last saw the decease								
	nd from the causes star								
23A. SIGNAT		4						DATE SIGNED	
	Klenny 5	Cust.	M. DEGREE Phy		Med. Director	Staff Phys.	5,	/21/68	
23C. PHYSICI NAME (USPHS	Hospital	. Balto	. Md.	A 8 2 3	
			AME of CEMETERY of CR			LOCATION		wn, or county)	(Stote)

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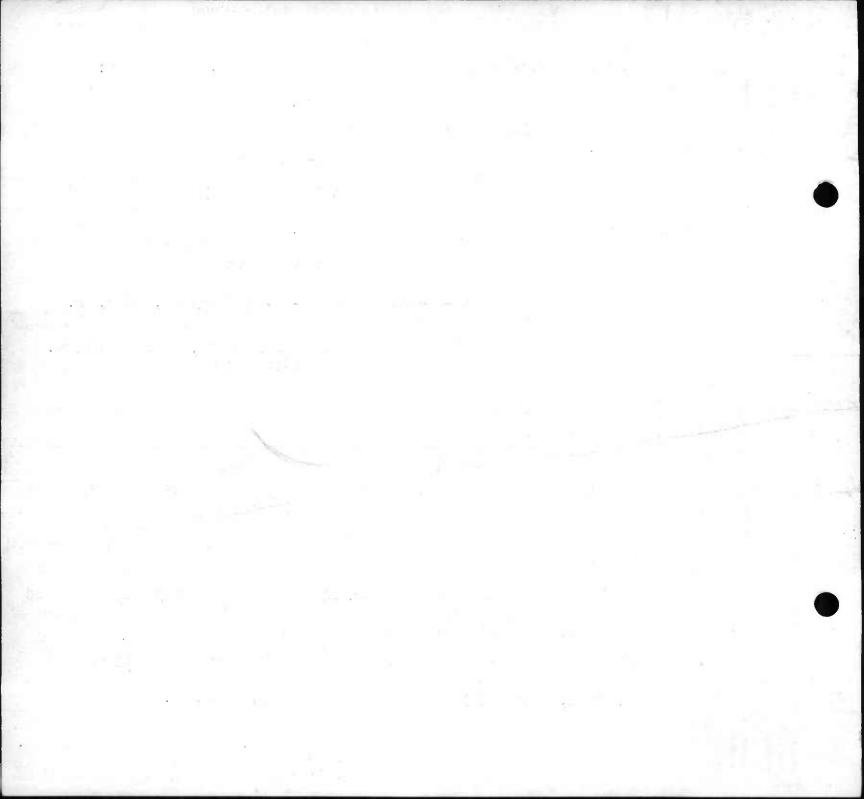
5/ BURIAL

23/68 GREENHILL
DEPT. 258. NAME OF REGISTRA REC'D SY HEALTH

MEMORY GARDENS.

TAZEWELL COUNTY, VA.

VS 150-REV. 1/1/68



68- 5462

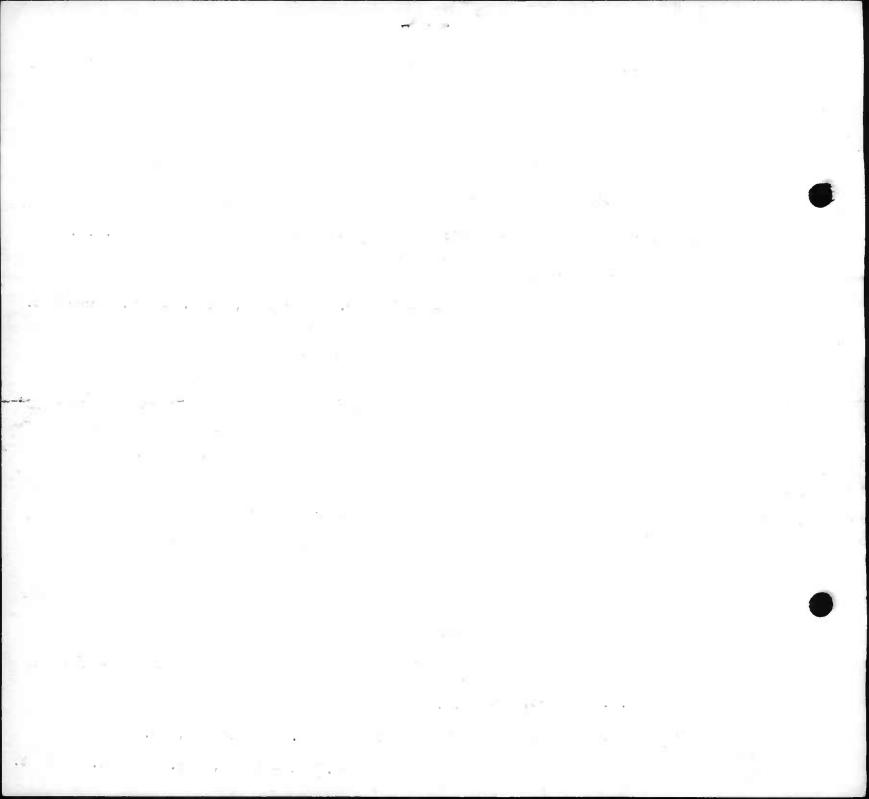
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

68- 5462

BIRTH NO.		CERTIFICA	ATE OF D			
1, NAME OF DECE (Type or Print)	0	T 0		2. DATE AND HOUR OF	DEATH	135
(MROLING	HERE PRONOUNCED DEAD		DENCE (Where deceased I	ved. If institution:	residence before admissi
S, PLACE IN BALI	IMORE MARIEAND, W	HERE PRONOUNCED DEAD	A. STATE	B. COUNTY		12-1
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	C. CITY OR TO	VLAND	To INICIDE CITY	1 2 - 0
NSTITUTION			0		D. INSIDE CITY	
///			E. STREET AND	D NUMBER	1120	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11 UN	ION ME	MORIAL HOSP	393	9 ROLAND	AUE	
. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIR	9. AGE (In yellost birthdoy)	tors If Unc	der 1 Yr. If Under 24 h s: Doys Hours Min
F	W	WIDOWED DIVORCED	6/1	196 71		
	PATION (Give kind of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE	E (State or foreign country)	12. CI	TIZEN OF WHAT COUN
		Law offices	Maryla	nd		U.S.A.
Secretar's NAN	(E	Daw Ollies		MAIDEN NAME		
-	Tac	4 5	****			
S. Wos Deceased	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMAN	T		ADDRESS
	(If yes, give wor or dote	SECURITY NO.	Z Mm Fdg	ar Gans, atty	929 N.	Howard St.
No.	0 101	CAUSE OF DEA		at dailby acco	, , , , , , ,	APPROXIMATE INTERVA
DISTAG	E OR CONDITION DI	DECTI V				BETWEEN ONSET AND DE
	above cause (A) CONDITION last.	sloting The (C)		nbo pale bit		3 w/10
TO THE DEAT	CANT CONDITIONS CO	HE TERMINAL	CEREBR	UNPSCHLAR ACC	IDENT	
19A. DATE OF	OPERATION GIVEN IN PAR OPERATION 198 CON WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOP	SY? (Yes or No) 20B. IF YES IN CERTIFY	, WERE FINDING	S CONSIDERED F DEATH?
OR CONTRIBU	TING CAUSE OF	21B, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJUR	VHERE DID (If in	Boltimore City, g	live exact location)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. H	IOW DID INJURY OCCUR	?	
(APPROX.)		While At Work At Work	hile d			
22. Longtify	that (this haspita	l) ottended the deceased from	4/13	19 68 to	51	122 1968
	last sow the decease	2100	2 19 6	B ond that in (my) (aur) aninian de	eath accurred on the
		ted abays. (j.) (We) (did) (did not)			sor, aprillari de	on accord on the
23A. SIGNATU		Ted dodys. (g) (and data non)	view the body	otter deom.	23 B. D	ATE SIGNED
//	// // //	felle of Jones A	ttending /	Med. Staff Phys.	15	1/23/68
23C. PHYSICIA		OEGREE PI	hys. L E	Phys. Ed		100
NAME (T	(pe)	To Wa				
	W.H. Oehler	Jr. M.D. OEGRE		24D. LOCATION	(City, town	, or county) (Stot
REMOVAL (S	pecify)				1447	
2SA. DATE REC'D	Burial 5/27	/58 Baltimore Nat	lasc Files	M. Baltimor	e, ma	ADDRESS
M	AY 27 1968	P. D. & E S. Fallenga	0 12 4	ock-Brooks, I	nc. 1217	
198	1000	TOUR - TOUR	Will. U	DOK-DECONO! T	1104	

VS 150-REV. 1/1/68



	ct or contributing control of or contributing control of or contributing construction of the control of contro	osition is made.
IMPORTANT	Also, if the dire- ure of any kind; (4) onounced death varieties	almed or final disp
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in of the body was released to the hospital by a medical examiner. Also, if the direct or contributing coshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause was D.O.A. at a hospital (except where the physician who pronounced death was in regular after deceased prior to death); and (6) No physician was in regular attendance on the deceased prior t	written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approvate body was released to the shows: (1) An accident of any rwas D.O.A. at a hospital (excedeceased prior to death); and	written approval must be obta

deceased paritten ap

CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B, COUNTY George H.Ohl 3. PLACE IN BALTIMORÉ, MARYLAND, WHERE PRONOUNCED DEAD med: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' NO Park Hill IVSq. Home 1802 Eutaw Place Baine -3608 9. AGE (In years If Under 24 Hrs. S. SEX 6. RACE DATE OF BIRTH If Under 1 Yr. If Und Months! Doys Hours! 7. MARRIED NEVER MARRIED lost birthdoy) WID OWED A DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) to Travil Bus mantaneral 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary R. Meris William 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 213-10-016 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, asthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) DEATH (notify medical examiner) etc.) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E, INJURY OCCURRED OF INJURY While At | Not While [(APPROX.) At Work 1966 to DresenT 22. I certify that (1) (this haspital) attended the deceased fram 19 68 that (I) (we) last saw the deceased alive an... ...and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending 🔽 Med. Staff 5-22-68 Phys. Director L 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 8629 24A. BURIAL CREMATION. REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 250 TUNERAL DIRECTOR ADDRESS 3615 Chestur

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and the state of the state of the state of

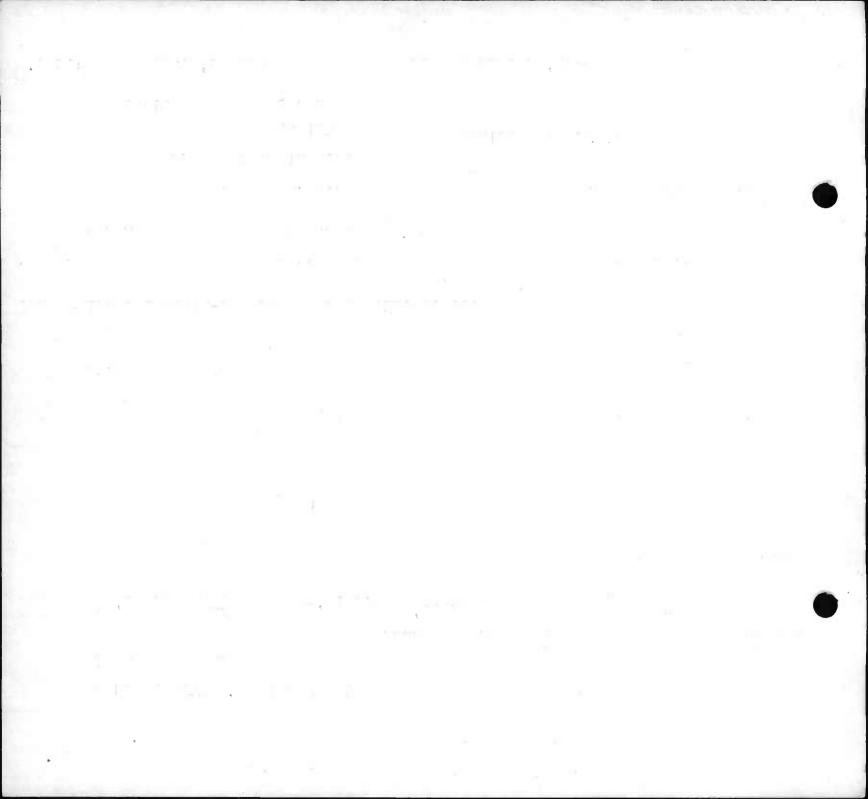
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.	68-	5464
	-	-

BIRTH NO.	68-	- 5464 CERTIFIC			
1. NAME OF DECE (Type or Print)		JOSEPH ERNEST		MAY 23, 19	
3. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOUNCED DEAD		here deceased lived. If	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET (TION)	MARYLAND C. GITY OR TOWN BALTIMORE E. STREET AND NUMBER 3016 VIRG	2	21227 ISIDE CITY LIMITS? NO [
	6. RACE	7. MARRIED MEVER MARRIED		9. AGE (In years tast bigthday)	If Under 1 Yr. If Under 24 Hrs. Months! Days Haurs Min.
MALE	WHITE	WIDOWED DIVORCED	THE RESERVE OF THE PARTY OF THE	tast bigthday)	
	rarking lile, even if retired)	Contracting Co.	MARYLAND	oreign country)	U.S. A
13. FATHER'S NAM	1E		14. MOTHER'S MAIDEN N	IAME	
FRANK M	1AYO		ELLA CADEL		
15. Was Deceased (Yes, na ar unknawn)	Ever in U. S. Armed Far- (If yes, give war ar date	s al service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			54 STAGNES REC	CORDS-WILK	ENS & CATON AVES
DISEASES OF THE PROPERTY OF TH	osthenio, etc. II meons plication which caused interest causes. R CONDITIONS, if above cause (A) CONDITION lost.	death.) any, giving DUE TO, OF Staling The (C)	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF: 20A. AUTOPSY? (Yes or	No) 208, IF YES, WER	e findings considered auses of death?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21B. PLACE OF INJURY (e home, form, factory, stree etc.)	g., in ar about 21 C. WHERE DIC , affice bldg., INJURY OCCUR	(If in Battim	are City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Haur) 21 E. INJURY OCCURRED While At	Vhile	INJURY OCCUR?	
that ()((we)	last sow the decease	ottended the deceased from MAY 23,	1968ond		AY 23, 1968 pinion death occurred on the dot
23A. SIGNATU		ged obove. (1) (We) (did) (XIX) (A	Attending Med. Phys. Director	Shoff Phys.	05 23 68
23C.PHYSICIA	S. KOF	RBULY, MJ	REE	OSP. BALTO	
24A. BURIAL CREA REMOVAL (S Burial		24C. NAME of CEMETERY or	CREMATORY 24D	Baltimore	(City, lawn, ar caunty) (State)
25A. DATE REC'D		25B. NAME OF REGISTRAP	Howard County	funeral itzke	Ellicott Md.



	c In		68	5463	BALTIMORE CITY HE EXAMINER'S	ALTH DEPA	RTMENT			00	
	70		MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG, NO.	50-	5465
_	TH NO.	ASED				II2. DATE	Known x	Month	Doy	Yeor	Hour
	e or Print)		hh+1/	T .	1 -	OF	Estimoted	5	24	68	1:26 p
4.	PLACE IN BALTI	H TASA	COLA/ RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE	2311110707	Month	Doy	Yeor	Hour P
	L NAME OF	(IF NOT	IN HOSPITA	LORINST	TUTION, GIVE STREET	PRONO	UNCED DEAD	26	0/	1060	1.26 -
	SPITAL LINSTITUTION	ADDRES	SS OR LOCAT	10N)	edu e e e e e e e e e e e e e e e e e e		ESIDENCE (Wher	May e dece osed l	24 ived. If institution	1968	
	3 X					A. STATE			B. COUNTY	Balto	1
6.	Unive	RACE	Hospi	tal	17	C. CITY OF	Maryland		D. INSIDE C		•0)
		. KAGE			ED NEVER MARRIED						LAN.
	ale ATE OF BIRTH	whit	e [10. AGE (In	WIDOW	ED DIVORCED L If Under 1 Yr. If Under 24 Hrs.	Bal	TO.		Y	ES 🔲	NO 🔼
_			lost birthdoy	years	Months Doys Hours Min.		AND NUMBER				
	an. 13, 1		58				3707 T/j/	/y/y/g/g/]	Rd. Tibe	erton	Roa d
111.	BIRTHPLACE (Sto	te or toreig	n country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME				
	Maryland				U.S.A.		CKACACACKAC		ascuola		
don	.USUAL OCCUPA e during most of wor	tion(Give	e kind of work en if retired)	48. KIND	OF BUSINESS OR INDUSTR	Y IS. MOTHE	R'S MAIDEN NA	WE			
	Barber						Santa Pr	esti			
	WAS DECEASED					18. INFOR	MANT		Ran	DDRESS Iallsr	own. Md.
	Yes	WW 2)			Mrs. J	oseph A.	Lascuc	la, 390	7 Tibe:	rton Rd.
20	(This does not heart foilure, o tnjury or comp	meon the sthenio, etc. lication which the control of the control o	mode of dying the coused dead CAUSES ONS, IF ANY USE (A) STAT	ng, e.g., diseose, th.)	DUE TO, OR	AS A CONSEC	diac tampo QUENCE OF: aortic and QUENCE OF:				
CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	CANT CON	RELATED TO	THE TERMI	ING NAL	**************************************	~~ ~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
ERT	20A. DATE OF	PERATION	1 208. CON	DITION	FOR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes or No
O.	2									Par	ctial
EDICAL	22A. EXTERN. UNDERLYING ☐ UTING ☐ CAU		TRIB-		228. PLACE OF INJURY (e.g. home, form, factory, street, offi	, in or obout ce bldg., etc.) I	22C. WHERE DID INJURY OCCUR?	(If in Boltimo	ore City, give ex		
Σ			(Yeor		WHILE AT NO	T WHILE WORK	22F. HOW DID IN	IJURY OCC	UR?		
		y that I he	eld an li	nquiry [Inspection PA	de H	and that an tamicide C	Undeterm	, death in my ined manner		DATE SIGNED

B Lakeview Cemebery Car 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

(Stote) Md.

Carroll County 25C. FUNERAL DIRECTOR 4101 Edmondson Avenue Witzke Funeral Directors, Balto., Md.

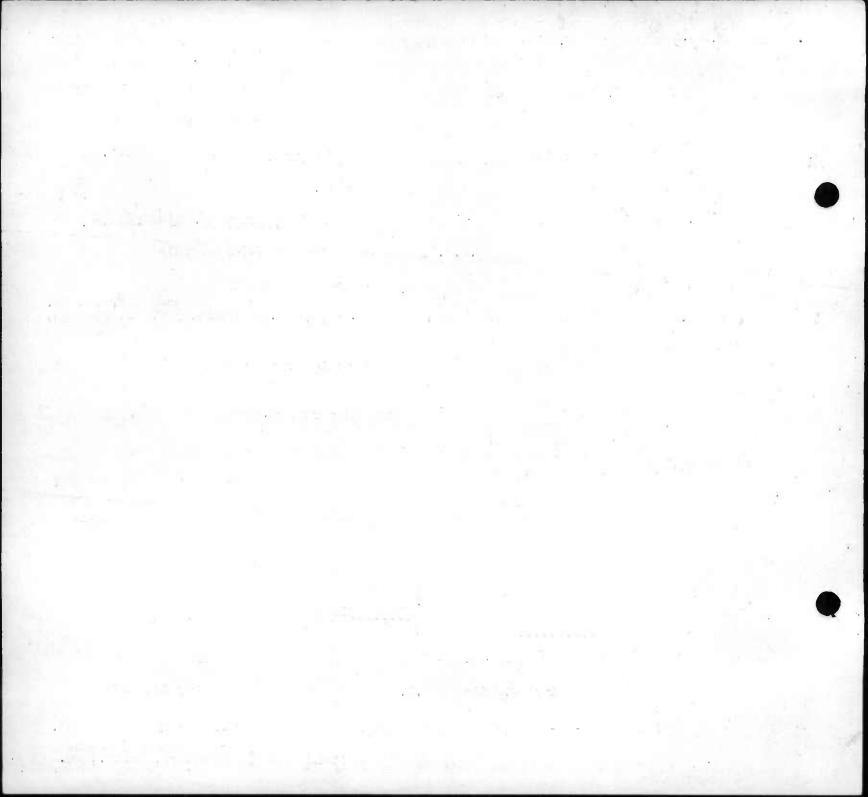
VS 151-REV. 1/1/68

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

25A. DATE REC'D BY HEALTH DEPT.

5-28-68



3	2		HEALTH DEPARTMENT		00 5400
4	-360 68-5	166 CERTIFICA	TE OF DEATH	REGINO.	68 5466
	IRTH NO.	CERTIFICA		ND HOUR OF DEATH	
	ype or Print) Lillian M. R	itton			
1 3	PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Whe	25. 1968 ere deceased lived. If i	nstitution: residence before odmission)
			A. STATE B. COUN	ITY D	120 /2
F	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	(30)	eq 6,55-00
1	NSTITUTION .	Springs (Springs)	C. CITY OR TOWN	D. INS	YES TO NO
	St. Agnes Hospital		Baltimore E. STREET AND NUMBER		TES A NO
	40 oc. agnes mospitual			our Charact	
5.	SEX 6. RACE 7. AA ADD	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	F W WIDOV	/ED DIVORCED	Maych 17,1906	lost birthday)	Months Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10B, KIN I one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
			Maryland		U.S.A.
1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0,0,
	Timothy Donovan				
1.3	is. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of servi	1 6, SOCIAL	17. INFORMANT		ADDRESS
110		SECURITY NO.	Mar Taranta II D	5931	Montgomery St.
1	No	CAUSE OF DEAT	Mr. Joseph H. R	itter, batc	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT			BETWEEN ONSET AND DEATH
	LEADING TO DEATH		se Introctable (Busanting L	local Comments
	(This does not mean the mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:	og pestive i	(Vara) 6 sacrages
-	heart failure, osthenia, etc. It means the dise injury or complication which caused deoth.)	ose,	Failure		
	. ANTECEDENT CAUSES	Page.	+ Nyacavd.	a Dules	et 6 yearster
	DISEASES OR CONDITIONS, if any, gir	ing DUE TO, OR AS	A CONSEQUENCE OF:	a su pour	61 3 6060 607,005
	rise to the obove couse (A) stating	the a		ardiovascu	
	UNDERLYING CONDITION IOSI.	(c)	HOSOCKYOU C. L.		SON PON 3
;	2 420,/ II	0.	0 0-	dirent	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).		lulis		
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE	FINDINGS CONSIDERED
	19A, DATE OF OPERATION 19B. CONDITION F		teo	IN CERTIFYING CA	AUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Bottime	ore City, give exect location)
	DEATH (notify medical examiner)	etc.)	mice blag., INJURT OCCUR:		
	21D.TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	JURY OCCUR?	
	OF INJURY (APPROX.)	While At Not Whit	e C		
		Work At Work			
	22. I certify that (I) (this hospital) attend			19 6.7_ta	5-35-1968.
1	that (1) (we) last saw the deceased alive	on	19.6 8 ond th	not in (my) (our) op	inion deoth occurred on the date
	ond hour and from the causes stated abov	e. (I) (We) (did) (dld not) v	riew the body ofter deoth.		
11	23A. SIGNATURE	P. TIPON M.P.	which and an	54-11	23B. DATE SIGNED
Ш	Lucy voice	OEGREE Phy	onding Med. Director	Stoff Phys.	5-27-68
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	Dr. Cesar Vall	e Cavero OEGREE	8629 Liberty Ro	ad, Randall	stown. Md.
2	4A. BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	NAME of CEMETERY OF CR			City, town, or county) (Stote)
		Lakeview Cemeter	0	Carroll Coun	nty Md.
2	SA. DATE REC'D BY HEALTH DEPT. 258, NA	AE OF REGISTRAD	25C. FUNERAL DIRECTOR	R	ADDRESS
	MAY 27 1968 R.C.	DE TONE	Witzka Funer	4101 Edmo	ondson Avenue es. Balto., Md. 2122
1	S 150-REV. 1/1/68	200	11 13 out variet	PATEGO OUT	me Dur OU . THU & IRR



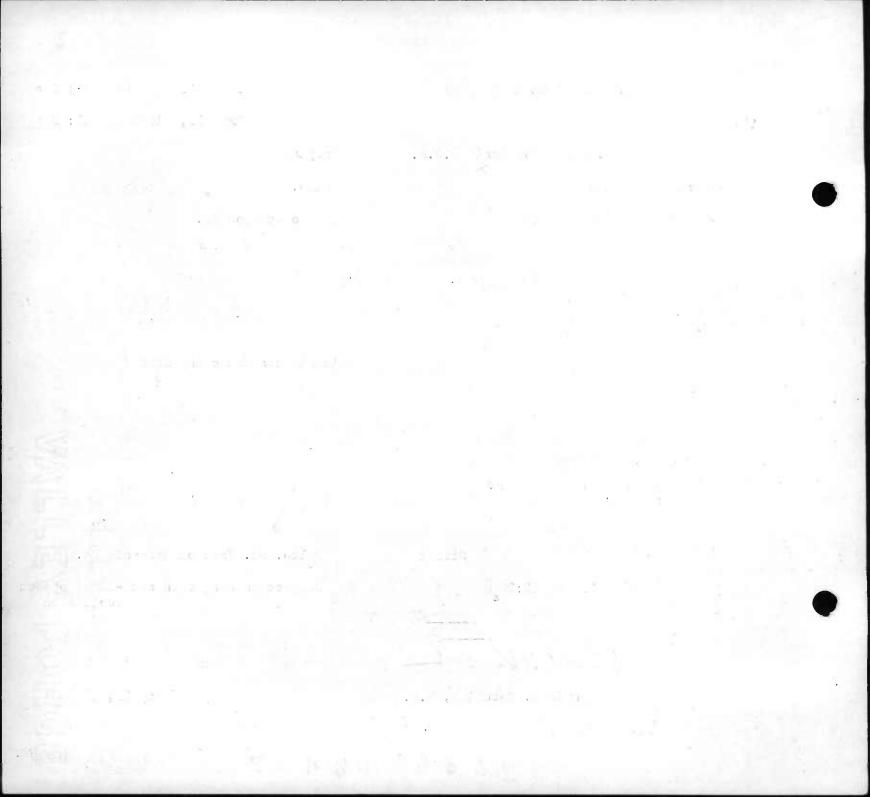
D-5124 B-346 40 99

68- 5467. BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH ...

68- 54	6	7	
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. NAME OF DEC	FASED			2. DATE	Known X	Month	Doy	Year	Hour	
Type or Print)		mr mp /	77.77	OF						
DI ACE IN DAI	LAVERNE BU			DEATH 3. DATE	Estimoted	5	25	68	12:45	a
	TIMORE, MARYLAND,				JNCED DEAD	Month	Doy	Yeor	Hour	
JLL NAME OF OSPITAL	ADDRESS OR LOC		ION, GIVE STREET	TROTTO	STICED BEAD A.	MAY	25,	1968	12:45	a
RINSTITUTION	•	-			ESIDENCE (Where	decea ed li			before odmissio	on)
	St. Aones	Hospita	al D.O.A.	A. STATE	aryland		B. COUNTY			
SEX	7. RACE		NEVER MARRIED	C. CITY OF			D. INSIDE	CITY LIMITS?		
	0.11				- 1		11	- PO - M	The same of the sa	gers,
emale	Colored	WIDOWED	Jnder 1 Yr. If Under 24 Hrs.	1	alto.		1 6	YES	NO A	-
4	C. allost highly		oths Doys Hours Min.						U	
NOU 30	-	18			36 Mount V	Vood R	d.			
10	state or foreign country)	12.	CITIZEN OF	13. FATHER		7				
13 A UT	Cu a		WHAT COUNTRY?	WI	11,0 m	DIN	818			
			BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AE	/			
Losun	vorking life, even if retired	1 -01	KACTURY	BA	RTWA 1	(8 xi	1,2			
	ED EVER IN U.S. ARMI	ED FORCES?	TIT. SOCIAL	18. INFOR		10		ADDRESS		-
es, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	12-0	mile R.		1.11	6/		10
110	1			NJE RT	410 120	7/0 7	176	77000	PPROXIMATE INTE	mvi at
19.	151,		CAUSE OF DEA	TH					VEEN ONSET AND	
DISEAS	E OR CONDITION DIR	ECTLY								
	LEADING TO DEATH		(ANIMMEDIATE C	AUSE Mul	tiple trac	matic	injur	ies		
	ot mean the made of c		DUE TO, OR A	AS A CONSEC	UENCE OF:					
heort foilure	, osthenio, etc. It meons the application which coused d	he diseose,								
	NTECEDENT CAUSES		(8)							
DISEASES	OR CONDITIONS, IF AN	NY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:					
UNDERLYIN	NG CONDITION LAST.		(c)							
5			(C)							
OTHER SIGN	ILIFICANT CONDITIONS	CONTRIBUTING	3							
TO THE DEA	ATH BUT NOT RELATED T	O THE TERMINA	ĺ							
DISE ASE OR	CONDITION GIVEN IN		WHICH OPERATION! W	AC DEDECOR	CD			21 AUTO	PSY? (Yes or	Nal
20A DATE OF	OPERATION 200. CL	JADIIION FOR	WHICH OPERATION W	45 PERFURA	IED			ZI. AUIC) N243 (162 01	140)
20A. DATE OF									No	
22A. EXTER	NAL CAUSE WAS	22B.	PLACE OF INJURY(e.g.,	in or obout	2C. WHERE DID	If in Boltimo	re City, give		24	
22A. EXTERI	OR CONTRIB-	22B.	e, form, foctory, street, office	in or obout : e bldg., etc.)	NJURY OCCUR?			exoct locotion)	20	- (
22A. EXTERI UNDERLYING UTING CA	SOR CONTRIB-	hom	Street	e bldg., etc.)	2C. WHERE DID (NJURY OCCUR? Balto. St	t. Eas	t of Ro	exoct locotion)	20	- (
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22A. EXTERIOR UNDERLYING UTING CAPPROX.)	SOR CONTRIB-	por) (Hour)	Street	e bldg., etc.)	Balto. St	t. Eas	t of Ro	exoct locotion) osedale auto-f	St.20	_
22A. EXTERI UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	EXOR CONTRIB- USE OF DEATH. (Month) (Doy) (Ye) 5 25 68	or) (Hour) 3 12:20n.	NOTE OF THE PROPERTY OF THE PR	WHILE NORK	Balto. St Palto. St Balto. St Bubject j	t. Eas Jury occ passen	t of Ro ur? ger in	exoct locotion) osedale auto-f	St.20	_
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22A. EXTERI UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. I cert result ACTUAL SIGNATI EXAMIN NAME (1 4A. BURIAL CREF	EXOR CONTRIB- USE OF DEATH. (Month) (Doy) (Ye) 5 25 68 Tify that I held on ted from: Noturol control Inquiry U	Inspection XX Suicid Accident XX Suicid M.D AC. NAME of CEMETERY AT W.D	WHILE WHILE ASSO	Balto. St. Balto. St. Subject J ond that on the smile of the stant medical estant esta	Dassen Dis bosis, Undetermic EXAMINER EXAMINER EXAMINER LOCATION	deoth in m	auto-f cony opinion r May 25 Non, or county ADDRESS	St. ixed ob ollisio	n ED	



211.1	68- 5468 BALTIMORE CITY HEALTH DEPARTMENT
400	CFRIEICALE OF DEATH
and eath ased the Such	I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- 70 0 5	(Type or Print) ANNIE TAYLOR 5.25.68 12.45 AM.
Dec of	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
osp se se se dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland 21216
e; (e	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN C. CITY OR TOWN
in g	(46) /) // PESTREET AND NUMBER
d co	Lutherau Hospital E. STREET AND NUMBER 2957 CLIFFTON AVE
ibu ne d d	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Hunder Yr. If Under 24 Hrs.
occu ontri ormi regu ase is m	Fella. Negli widowed Divorced 3-23-20 48
0 0 - 0	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State os foreign causily) done during most at working life, even if retired)
or nde s in de itio	DOMESTIC PUTFAMILY SOLTOMY CLSA.
ariect or c firect or c firect or c firect or c firect or c firect firec	13. FATHER'S NAME
dire dire d; (4	MOBERT PAYMON G/ISABETH SMITH
istar he c kind deat deat ce o nal	15. Wol Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.
S + _ L : I	WD SECURITY NO. 217-18-5176 DUR DTHY NEDWARD 1519 HARLEN AT
is a any any ced nda or	CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e e e e e	LEADING TO DEATH (A) IMMEDIATE CAUSE ACUTE MY CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE ACUTE MY CONDITION OF STREET OF
r or ono	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,
ner act pr ula	injury ar complication which caused death.)
tra fr	DISEASES OR CONDITIONS if any giving DUE TO OR AS A CONSEQUENCE OF:
exe exa 3) A 3) A n r	rise to the above cause (A) stating the
s; (5)	UNDERLYING CONDITION lost, (C)
dico dico Jrns Jrns Vsic wa wa	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING
me me by phy an	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
a ody	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by chi by co (2) Bo re the physic	U 21A. ACCIDENT WAS UNDERLYING
+ 0 0 0 0	< DEATH (notify medical examiner) etc.)
by why	21D.TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID (NJURY OCCUR?
hosp hosp natu ept I (6)	OF INJURY (APPROX.) While At Not While Not Work At Work
he he hay ny	22. I certify that (M (this haspital) attended the deceased fram 5 . 20 1968 to 5.25 1968.
app to t f an il (e n); c	that 🕅 (we) last saw the deceased alive an 5, 25 1958 and that in (🙈) (aur) apinian death accurred an the date
007-	and have and from the causes stated above. (X) (We) (did) (did) (did) view the body after death.
eased eased ident hospit o deat	23A, SIGNATURE, 23B, DATE SIGNED Attending Med. Stoff Attending Med.
at the	DEGREE Phys. Director Phys.
was r was r An a A. at prior pprov	23C. PHYSICIAN'S NAME (Type) [BAFE! 23D. ADDRESS HOLDEN Howital
www. Www. 1) A. d. pr	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
+ non h	REMOVAL (Specify) (fre / 8 my (awhom) BALTO (5)
3 0 =	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the sho was dec	MAY 27 1968 P. O. F. D. Saliena Dr. Sonor W. Almyn (3t p. Sum on St

2SC. FUNERAL DIRECTOR

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20 18

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68- 5469 BALTIMORE CITY HEALTH DEPARTMENT

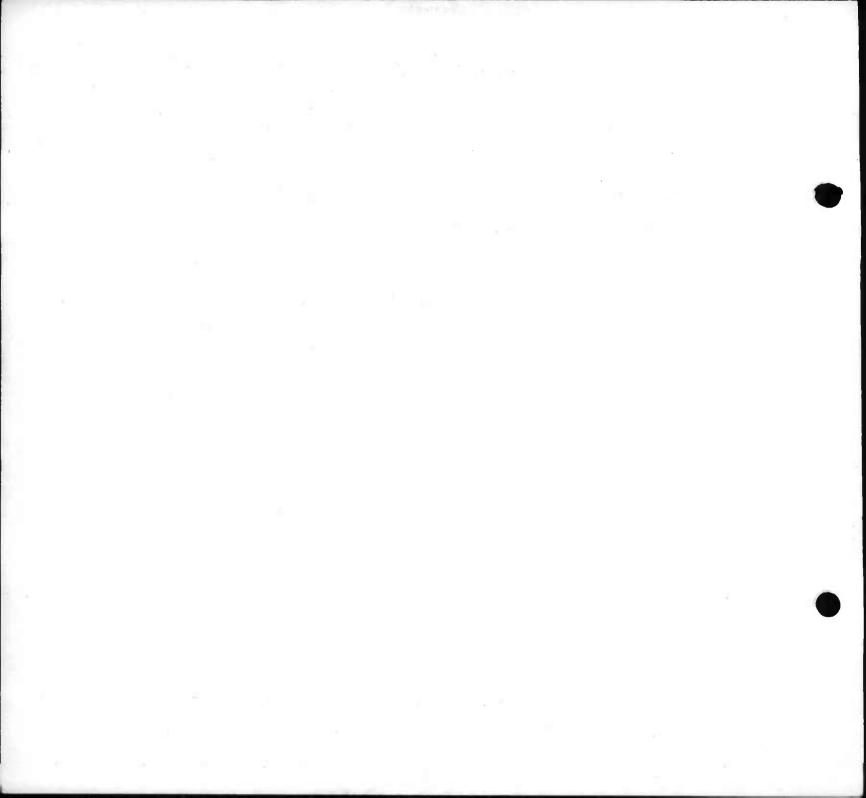
68-- 5469

	CAL EXAMINER'S	CERTIFICATE OF	DEATH	REG. NO	00.	3469
1. NAME OF DECEASED CHARLIE		2. DATE Known K	Month	Doy	Yeor	Hour
NAME OF DECEASED CHARLIE FISHER AKA CHARLES FISCHER		Hour				
		PRONOUNCED DEAD	May	23.	1968	9:45 A.
OR INSTITUTION	~)	5. USUAL RESIDENCE (Where			residence l	
EDANUT IN COHARE HOSPI	TTAT. (DOA)	A. STATE Maryland	В.	COUNTY		. Co. de la la la la la la la la la la la la la
			1	D. INSIDE CIT	Y LIMITS	The second second
				U	5 🔼	NO L
ost birthdoy)	Months Doys Hours Min					
9-10-1913 545	3		on Stree	et		
A	WALLET COLLECTION		- 11	m)		
CAUDENTAND CO. W.C	· USA.					
done dering most of working life, even if refired)	KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAM	NE /			
LABORER +	contoundry	KATIE MO	.010			
16. WAS DECEASED EVER IN U.S. ARMED FO		18. INFORMANT	1	ZIBAZ	DRESS	BREL ST
	238-16-9847	MANLY 1702	UIN	PH		
19.	CAUSE OF DE	ATH				PROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	v					
	(A)IMMEDIATE	CAUSE Intracerebra	al hemo:	rrhage		
(This does not mean the made of dylng,	e.g., DUE TO, OF	AS A CONSEQUENCE OF:				
injury or complication which coused death.)	eose,					
AND CAUSES	Hypei	tensive cardiovas	scular	disease		
		AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING					W.D	
Z ONDERLYING CONDITION (ASI.	(C)					
4443A II	PRIBLITING					
TO THE DEATH BUT NOT RELATED TO THE	TERMINAL					
DISEASE OR CONDITION GIVEN IN PART		VAS PEREODMEN			21 AUTO	PSV2 (Yes or No)
O DATE OF OPERATION 200. CONDI	HON FOR WHICH OFERATION	VAS FERFORMED				
		1000 1000		0		Yes
UNDERLYING OR CONTRIB.	home, form, foctory, street, off	ice bldg., etc.) INJURY OCCUR?	It in Boltimore	City, give exo	cf locotion)	
☐ UTING ☐ CAUSE OF DEATH.						
			JURY OCCUR	2?		
I certify that I held on Inqu	iry Inspection A	utopsy X and that on th	nis basis, d	eoth in my	opinion	
resulted from: Notural couses	Accident Suic	ide 🗌 Homicide 🔲 👢	Undetermine	ed monner		
000	(), 4	CHIEF MEDICAL E	XAMINER [DATE SIGNIED
	1	ASSISTANT MEDICAL E	XAMINER [X		DATE SIGNED
	M	ASSOCIATE MEDICAL E	XAMINER T	7 ,		1060
NAME (Type) Charles S	. Springate, M.D.	ASSOCIATE MEDICAL E	NAMIIAEK E	r	1ay 23	, 1968
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETER	Y or CREMATORY 24D. I	LOCATION	(City, town	, or county) (Stote)
REMODIAL (Specify)	8 50 10 15 1001	Bast Cumpor	Lower	45016	18 1	J.C.
ZA. DATE REC'D BY HEALTH DEPT.	DE NAMEOE BECICEDAD	25c. FUNERAL DIRECTO	70	. A	DDRESS	
MAY 27 1968 P	D. A S. TAULUM	W PUNERAL DIRECTO	so Show	no 13	8n4	1 cmor
3171 2 3 1300 (12)	Othor at desired	Xolanopare)	6		0	0
VS 151-REV. 1/1/6B	110007	w denouthio	2000	foft.	1114	RolR.
	1	7 0000				

CETO DE L CLIMERENT

Such

	00 54	BALTIMORE CITY	HEALTH DEPARTMENT 68 5470	
	68- 54	CERTIFICA	TE OF DEATH REG. NO.	1 11
- 1	NAME OF DECEASED Type or Print)	4 - 0 -	2. DATE AND HOUR OF DEATH	11
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRON	Mary (Mary	Walker) 5.25-68 6.50	missian)
	The state of the s		A. STATE B. COUNTY	
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR INS. ADDRESS OR LOCATION) NSTITUTION	TITUTION, GIVE STREET	c. CITY OR TOWN / D. IMORDE CITY LIMITS?	
	Lytheran Hospit	al/	Beltimore 150 10	
	Justieron Hop	ital	E. STREET AND NUMBER 306 Edgewood	od St
15	Four Colored WIDOWE	D NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under North 2, 1883 85	24 Hrs. Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND lone during most of working tife, even if retired) Domestic Pvt.	of Business or INDUSTRY Family	11. BIRTHPLACE (Stote or foreign country) Baltimore Maryland 12. CITIZEN OF WHAT CO	UNTRY?
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	? ? ? ?		? ? ? ?	
	S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of service	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
	No	220-30-0991	Joseph W. Brown-4527 Saint George Ave.	
	1B.	CAUSE OF DEAT	APPROXIMATE INT	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Maria Wateria	
	(This does not mean the mode of dying, e.		A CONSEQUENCE OF:	
	heart failure, osthenia, etc. It means the diseas injury ar camplication which coused death.)	se,		
	ANTECEDENT CAUSES	(B) D/C	6.2/3	
	DISEASES OR CONDITIONS, if ony, giving	19	A CONSEQUENCE OF:	
	rise to the above cause (A) stating t	(C)		
	z 260X II	_		
	E TO THE DEATH BUT NOT RELATED TO THE TERMINA			
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	ERT		NES	
	OR CONTRIBUTING CAUSE OF	TIB. PLACE OF INJURY (e.g., name, form, foctory, street, a etc.)	n or about 21/C. WHERE DID (If in Baltimore City, give exact lacotion) ffice bldg., INJURY OCCUR?	
	OF IN ILLEY	TE. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	≥ (ABDBOV)	White At Not Whi Work At Work		. 7
	22. I certify that (1) (this haspital) attended	the deceased fram	5-23 1968 to 5-28 19	68.
	that (I) (we) last saw the deceased alive of	5'25	19 0 / and that in(my) (aur) apinian death accurred an t	he date
	and haur and fram the causes stated above	(I) (We) (did) (did nat)		
	23A. SIGNATURE	Ath DEGREE Phy	anding Med. Shaff Director Phys. 238, DATE SIGNED	8
	23 C. PHYSICIAN'S NAME (Type)	7 /= /=/	23D. Address Lutherah Hospital - Baltimore Marylar	nd
		NAME of CEMETERY OF CR		(Stote)
	Burial 5/28/68 A	rbutus Memor	ial Park Baltimore Co. Maryland	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS [Herhert En Nutter-3035 W. North Ave.	
IF	/S 150-REV, 1/1/6B	0 0 0 1		



Such

prior to death. attendance (2) cause

no

(4) Undetermined cause; contributing occurred

in regular deceased

MOS

death

any

fracture of

burns;

0

shows: (1) An accident of any nature; (2) Body

(except

death) at a hospital

prior to

deceased

D.O.A.

Was

written approval must

the body was released to the hospital

regular

and (6) No physician was in where the physician

be obtained before the remains

CERTIFICATION

MEDICAL

of death Deceased

and

a hospital

		HEALTH DEPARTMENT		68 5471
68-	5471 CERTIFICA	TE OF DEATH	REG. NO.	00- 09.71
BIRTH NO. 1. NAME OF DECEASED (Type or Print) Lealand O	A		123/68	16:10 Pm.
Institution Curai No	OR INSTITUTION, GIVE STREET	a. STATE B. COUN C. CITY OR TOWN BRACET AND NUMBER 3806	DE CITY LIMITS? YES NO	
e Manager	MARRIED NEVER MARRIED DIVORCED DIVORCED	8-20-07	9. AGE (In years lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even it retired)	Bethlehem Steel	Beaufort So		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Greene	40 4	14. MOTHER'S MAIDEN NA Rebecca Br	ME	- a t but
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of No	service) 16. SOCIAL SECURITY NO. 057-10-9475	Mrs. Julia Gre	ene-3806 Pen	ADDRESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not meon the mode of dyin heart failuse, osthenia, etc. It meons the injury or complication which caused decomplication are considered.	ng, e.g., (A) MMEDIATE CAU diseose, DUE TO, OR AS	PACEREBR	AL HE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hrs. MANY YRS
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) state	9.411.9	A CONSEQUENCE OF:		

UNDERLYING CONDITION lost.

П

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

21 E, INJURY OCCURRED 21 D. TIME (Month) (Doy) (Hour) OF INJURY While At (APPROX.) Work

Not While p

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive

At Work

and that In (my) (our) opinion death accurred on the date

and hour and from the couses stated above. (1) (We) (did) (did nat) view the bady ofter deoth.

3A. SIGNATURE	(0/110	1112
3C. PHYSICIAN'S	7	DEGREE
NAME (Type)	VI	11/00/

Attending Phys. Med. Director 23D. ADDRESS

Staff Phys

23B, DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

DEGREE CEMETERY OF CREMATORY

LOCATION (City, town, or county)

(Stote)

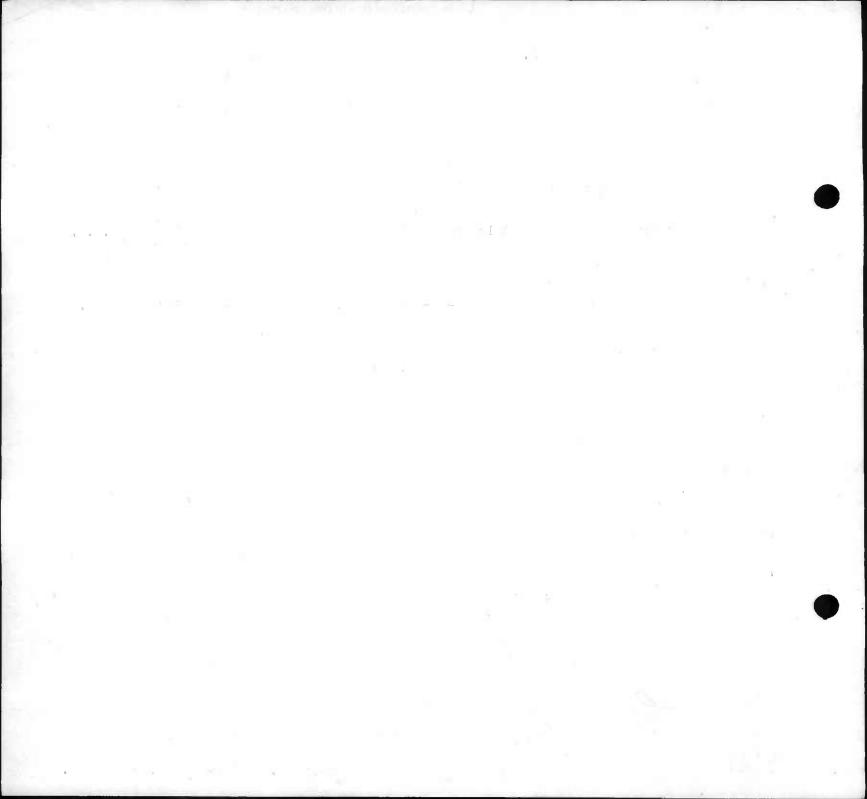
5/27/68 2SA. DATE REC'D BY HEALTH DEPT.

Arbutus Memorial 25B. NAME OF REGISTRAR

Baltimore Co. Park 2SC. FUNERAL DIRECTOR

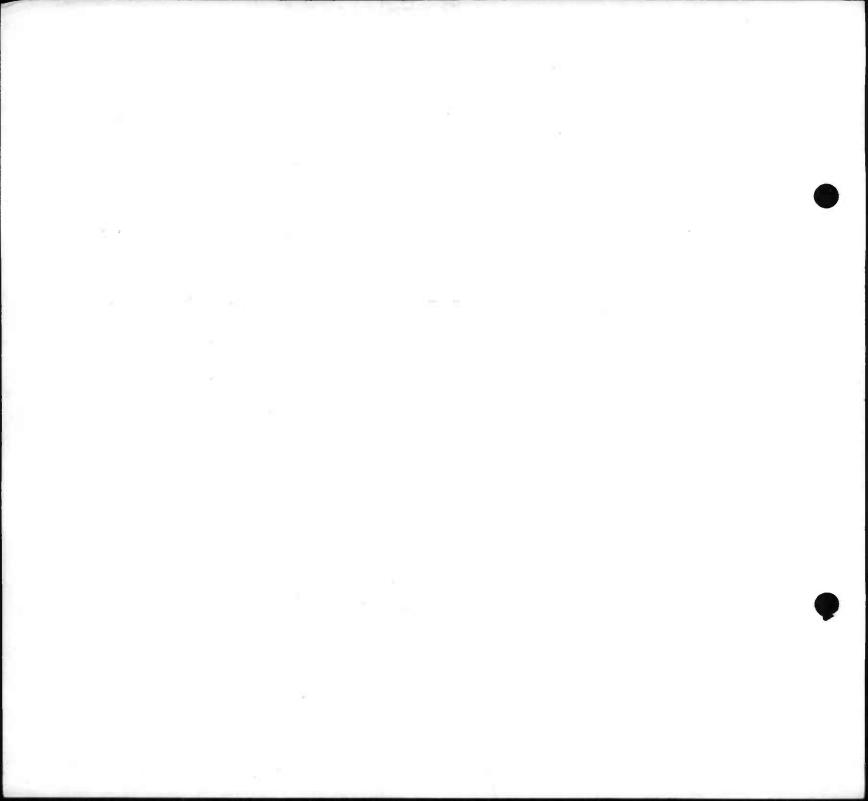
Maryland ADDRESS

VS 150-REV. 1/1/6B



1	-5	5
	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the
	if death oce ect or cont 4) Undeterm	was in reg
IMPORTANT	or his assistant Also, if the dire e of any kind; (nounced death
FUNERAL DIRECTOR: IMPORTANT	dical examiner lical examiner.	sician who pror
FUNERA	ed by the chief me ospital by a med ature; (2) Body bu	ot where the phy
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (exceptedeceased prior to death); and (

2 6.1	AME OF DEC	EACED		TO DATE AL	ID HOUR OF DEAT	4
	e ar Print)	James O.	Damaer			
3. P	LACE OF DEA	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Whe	21, 1968 re deceased lived. If	institution: residence before admi
H	ULL NAME OF TOTAL OR NSTITUTION	F (If not in hospital oddress or location	ar institutian, give street)	Maryland	tside city Aniles write	RURAL and we lownship)
	00	1927 W. F	Fayette Street	Baltimore D. STREET ADDRESS (IF 1927 W. Faye	rurol, greeloculion)	
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
Ma	ale	Colored	Married (specify)	March 18,1899	lost birthday) 69	Months Doys Hours N
			108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
	et. Chau	working life, even if retired) ffeur	Fry Produce	Bunneville, Vi	rginia	WHAT COUNTRY?
	FATHER'S NAM			14. MOTHER'S MAIDEN NA	_	
15. \	Nos Decensed	Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
	no or unknown	(If yes, give war at date	s of service) SECURITY NO.		0 D D	
	Yes	WW-1	217-09-6822 CAUSE O		е в. каш е е)	1927 W. Fayette
TION		of mean the mode of ostherio, etc. If means		()		
CATION	DISEASES OF THE SIGNITOR OF THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, il o obove couse (A) G CONDITION lost. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	death.) Ony, giving stating the (C) ONTRIBUTING TED TO THE	Pancreas	O) 20B IF YES WEDI	F FINDINGS CONSIDERED
	DISEASES OF THE STATE OF THE ST	ANTECEDENT CAUSES OR CONDITIONS, il o obove couse (A) G CONDITION lost. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	death.) Only, giving stating the (C) ONTRIBUTING TO THE	PanCreaz 20 A. AUTOPSY? (Yes or No	20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
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DICAL CERTIFIC	DISEASES OF TISE TO THE UNDERLYING OTHER SIGNITO THE DUSEASE OR 19A-DATE OF CONTRIBLE DEATH (notify	ANTECEDENT CAUSES OR CONDITIONS, il o obove couse (A) G CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CON WAS PERI	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, one etc.) (Hour) 21E, INJURY OCCURRED While At Not While	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltime	AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF TISE TO THE UNDERLYING OTHER SIGNITO THE DISEASE OR 19A-DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, ile obove cause (A) CONDITION last. Ile obove cause (A) CONDITION last. Ile obove cause (A) CONDITION last. Ile obove cause (A) CONDITION last. Ile obove cause (A) CONDITION last. Ile obove cause (A) CONDITION last. OPERATION last. OPERAT	ONTRIBUTING STORMED ONTRIBUTI	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltime	AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF TISE TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify LAPPROX.)	ANTECEDENT CAUSES OR CONDITIONS, il o obove couse (A) o couse (A) o couse (A) o conditions of couse (A) o conditions of couse (A) o conditions of couse (A) o conditions of cousing i condition causing i condition causing i condition causing i condition cause of medical examines) (Manth) (Day) (Year) that (I) (this hospital	ONTRIBUTING STED TO THE DITION FOR WHICH OPERATION ONMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, oetc.) (Hour) 21E. INJURY OCCURRED While At Not While Work At Ward Outline At Ward At Ward Outline At	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	URY OCCUR?	ore City, give exact location)
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, il o obove couse (A) of CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERIOD (Manth) (Day) (Year) That (I) (this hospital last saw the decease	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., in home, farm, factory, street, o etc.) (Hour) 21E. INJURY OCCURED While At Will At Will At Will) attended the deceased from d	21F. HOW DID INJ	URY OCCUR?	ore City, give exact location)
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DISEASE OR CONDITION DIRECTLY

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(This does not mean the mode of dying, e.g.,

heart failure, osthenia, etc. Il means the disease,

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any,

UNDERLYING CONDITION last.

21 A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF

DEATH (notily medical examined

21 D. TIME

OF INJURY

(APPROX.)

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type

REMOVAL (Specily

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19A. DATE OF OPERATION

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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)

(Month) (Doy) (Year)

that (1) (we) last saw the deceased alive an

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7. MARRIED NEVER MARRIED

6. SOCIAL

SECURITY NO.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE

DIVORCED

BALTIMORE CITY HEALTH DEPARTMENT REG. NO CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH (Where deceased lived, If institution; residence before admission) 4. USUAL RESIDENCE A. STATE B. COUNTY C. CITY OR JOWN D. INSIDE CITY LIMITS? NOF YES E. STREET AND NUMBER 9, AGE (In years If Under 1 Yr. B. DATE OF BIRTH If Under 24 Hrs. tost birthdoy Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS 17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO. OR AS A CONSEQUENCE OF 20B. IF YES, WERE FINDINGS CONSIDERED 20 A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct locotion) 21F. HOW DID INJURY OCCUR? 22. I certify that (1) (this haspital) attended the deceased from 4:45 Am 60 19_6 and that in (my) (our) aplalan death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23 B. DATE SIGNED Attending Med. Staff Director Phys. 23D. ADDRESS CEMETERY OF CREMATORY LOCATION (Stote) 25C-FUNERAL DIRECTOR

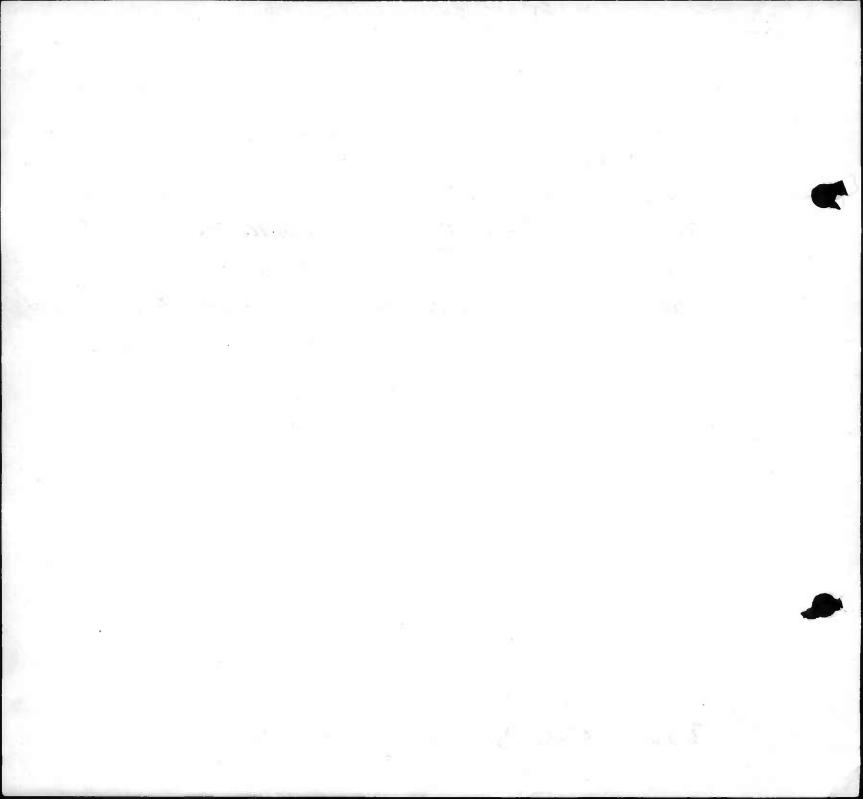
BIRTH NO Such I. NAME OF DECEASED (Type or Print) death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR made. S. SEX disposition is done during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? final (Yes, no or unknown) (II yes, give wor or dotes of service) 20 med embal are the remains ATIO before MEDICAL obtained pe

hospital attendance (2) cause cause; 9 0 prior contributing Undetermined regular deceased Mas the direc death uo kind; attendance any 0 racture gular who 9 (3) physician medical MOS physician 0 (2) where hospital °Z nature; 9 proved (except and to the any o hospital death) was released must accident 0 0 0 prior approv to deceased written ap 24A. SURIAL CREMATION, the body D.0 shows: M ds 25A. DATE REC'D BY HEALTH VS 150-REV. 1/1/68

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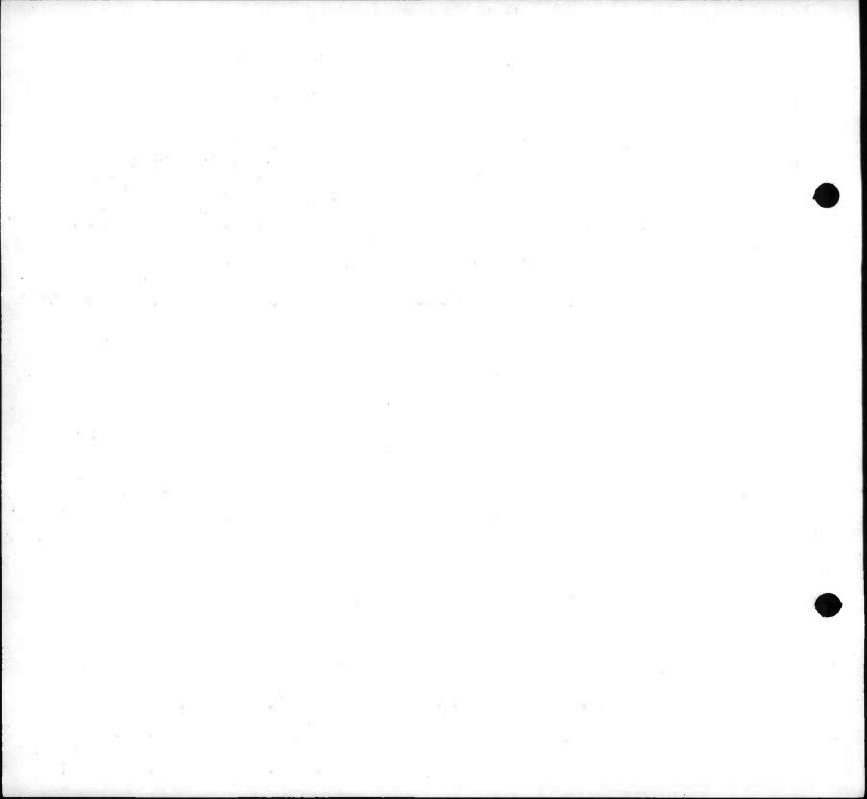
canse;

BIRTH NO

547		TE OF DEATH	REG. NO.	68-	5474	
B. Car	rter	2. DATE A	ND HOUR OF DEATH 22/68		м.	
	INCED DEAD	4. USUAL RESIDENCE (Who A. STATE Maryland C. CITY OR TOWN Baltimore	NTY	IDE CITY LIMITS	before odmission)	
ital		E. STREET AND NUMBER 2040 N. 1	Bentalou St			
MARRIED [NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 3, 1896	9. AGE (In years lost birthdoy)	If Under 1 Yr. Manths Doys	If Under 24 Hrs. Hours Min.	
	BUSINESS OR INDUSTRY Lic School	Baltimore,		12. CITIZEN OF	·A •	
. Cart	er	14. MOTHER'S MAIDEN NAME Lucindo Lewis				
of service)	16. SOCIAL SECURITY NO. 215-40-3190	Mr James T. D	orsey 1216 N	N. Bental		
CTLY ying, e.g., e disease, ealh.)	(A) IMMEDIATE CAL DUE TO, OR AS	USEH DET TEMS I V.	e C.V.D.		OXIMATE INTERVAL N ONSET AND DEATH	
	(B)					

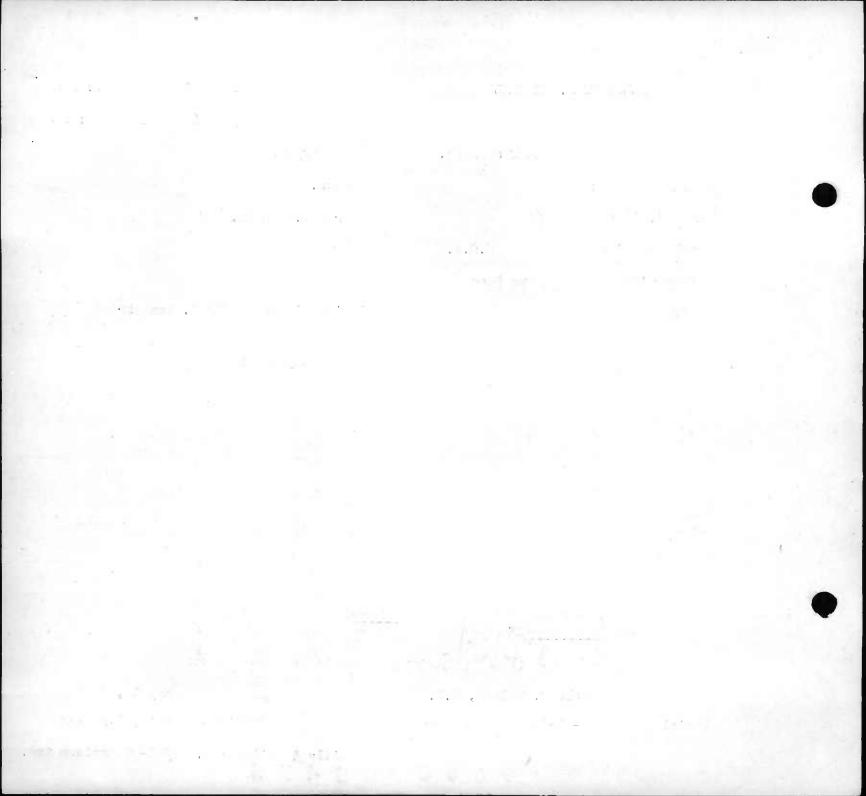
I. NAME OF DECEASED (Type or Print) Howard 3. PLACE IN BALTIMORE, MARYLAND, WHI FULL NAME OF (IF NOT IN HOSPITAL INSTITUTION Lutheran Hosp 5. SEX 6. RACE Male Negro 10A, USUAL OCCUPATION (Give kind of work 10 done during most of working life even if retired) 13. FATHER'S NAME Presley I 15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dotes W.W. 1 Yes 1B. DISEASE OR CONDITION DIRE LEADING TO DEATH (This daes not mean the made of d heart failure, osthenio, etc. It means th injury ar camplication which coused d ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, lhe abave cause (A) stating the UNDERLYING CONDITION Just. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work Work 1940 to 3 -8-1968 22. I certify that (1) (this hospital) attended the deceased from 14-11 1968 that (1) (we) last saw the deceased alive on 5 and that in (my) (aur) opinion deoth occurred on the dote ond hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23B. DATE SIGNED 23A. SIGNATURE Attending V Med. Staff written approval Director L Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 1618 W. North Ave. C.R. Campbell 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 24A. BURIAL CREMATION, 24B. DATE (Stote) (City, town, or county) REMOVAL (Specify) Baltimore CO. MD. 27/68 Auburn Cemetery Mount

25B. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 250. FUNERAL DIRECTOR Nutter 3035 W. North AVe. VS 150-REV. 1/1/6B



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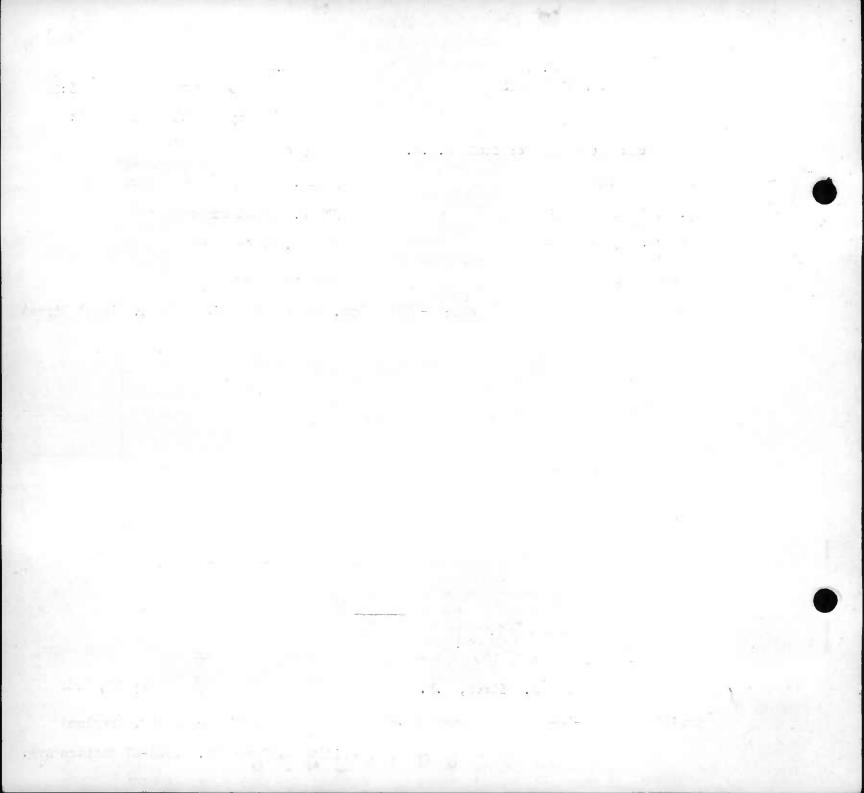
	٨	MEDICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. N	00	0.	280
BIRTH NO.				0						
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	LLICENT J	-		DEATH	Estimated		24	68	7:45	a ,
FULL NAME OF			ONOUNCED DEAD	3. DATE	UNCED DEAD	Month	Day	Yeor	Hour	_
HOSPITAL	ADDRESS OF		III II ON, GIVE SIREE!			May	24	1968	7:4	
OR INSTITUTION				5. USUAL R	ESIDENCE (Whe	re deceosed l	ived. If institu B. COUNT		before adr	nission)
00		1811 Th	ames St.		Maryland		J. 200111			
6. SEX	7. RACE	8. MARR	IED X NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?		
Female	White	WIDOW	/ED DIVORCED	Ba1	to.			YES AN	D 64.	A PERSONAL PROPERTY.
9. DATE OF BIRT		GE (In years	If Under 1 Yr, If Under 24 Hrs. Manths 1 Doys 1 Haurs 1 Min.	E. STREET	AND NUMBER					
May 13,	1908	birthday)	Manins i Doys i naurs i Min.		18 S. Ann	St.				
11. BIRTHPLACE		ntry)	12. CITIZEN OF	13. FATHER	SNAME					
North Car	rolina		U.B.A. COUNTRY?							
14A.USUAL OCCU	PATION (Give kind		OF BUSINESS OR INDUSTR	Y IS. MOTHE	R'S MAIDEN NA	ME				
done during most of v		Own	Home							
16. WAS DECEAS				18. INFOR	TAN	-		ADDRESS		
(Yes, no or unknown)	(if yes, give war or	dates of service	SECURITY NO.		am Kimmer	le 51	8 S. A	nn Stre		
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heart failure injury ar car	, osthenia, etc. It me nplication which cau	ons the disease, sed death.)								
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Z	NG CONDITION	LAST.	(C)							
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									YES	
	NAL CAUSE WAS		22B. PLACE OF INJURY (e.g. hame, farm, factory, street, offi	, in ar about 2	2C. WHERE DID	(If in Baltimo	are City, give	exoct location)		
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resul	ted from: Nature	I couses XX	Accident Suici	de H	amicide 🗌	Undeterm	ined manne			
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SIGNAT	and a	205 0	W.1	D.						
EXAMIN NAME (. 1 77 ****	1 W.D		CIATE MEDICAL	EXAMINER		077 2/	1069	
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25 A. DATE REC'D	BY HEALTH DEPT.	25B. N	AME OF REGISTRAR		FUNERAL DIREC		- 30	ADDRESS	h ad	- A
	(AY 27 19	68 120	of E. Jones	Li	lly & Zei	Lier In	ic. 19	01-07 E	as tel.	H AB
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68- 5476 BALTIMORE CITY HEALTH DEPARTMENT

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4. PLAC	E IN BAL	TIMORE, MA	RYLAND, W	HERE PRO	NOUNCED DEAD	3	. DATE		Month	Doy	Yeor	Hour	
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		urch Ho	me and	Hospi	tal D.O.A		A. STATE	Maryland	ere deceosed	B. COUNTY		perore of	1111221011)
6. SEX		7. RACE	-2	B. MARRIED	NEVER MARR	IED 🔲	C. CITY OR	TOWN		D. INSIDE	CITY-LIMID'S) ~	
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done don	Unemp.	orking life, ev	en nrenrea)				В	arbara W	elsh				
16. WAS	DECEASI	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	. 1	B. INFOR	111			ADDRESS		
	NO	(If yes, give v	wor or dotes	of service)	212-40-L	1731		Barbara	Janowi	tz 523	S. Ch		
19.	34	5 91			CAUSE C	OF DEATH	1						E INTERVAL ET AND DEATH
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OF (AP	TIME (INJURY PROX.)	(Month) (E	Ooy) (Yeo	r) (Hour) m.	WHILE AT WORK	NOT W AT WO	HILE C	2F. HOW DID	INJURY OCC	CUR?			
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25A. DA	ATE REC'D	BY HEALTH	DEPT.	2SB. NAA	ME OF REGISTRAR	-		FUNERAL DIRE		3.00	ADDRESS		
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3. I	LACE IN BALT	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	B. COUN	deceased lived. If in	stitution: res		odmission)
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HO	SPITAL OR	ADDRESS OR LOCA	ATION)	OHON, OFFE STREET	C. CITY OR TOWN		In INS	DE CITY JUN	AITC?	
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5 . \$	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	5	ost birthday)	Months [1 Yr. If Und	ler 24 Hrs. Min.
M	ale	White	WIDOWED	DIVORCED	9/11/94	1	73	Months	Joys Hours	wiin.
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Z	OF INJURY (APPROX.)		WH	ile At Not While						
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and haur and from the causes stated abave. (1) (1967 (did) (did)(a)) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. 5/27/68 Med. Director 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS RICHARD H. MACK, M.D. S.B.G.H. 1213 Light Street 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) DATE 24D. LOCATION (City, town, ar caunty) (State) Burial 5-29-1968
25A. DATE REC'D BY HEALTH DEPT. 25B. N 968 Holy Redeemer Baltimore, Maryland ADDRESS 1968 Lilly & Zeiler Inc. 1901-07 Eastern Ave. VS 150-REV. 1/1/6B



				HEALTH DEPA				
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BALTIMORE CITY HEALTH DEPARTMENT 68- 5479 REG. NO. CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED Abbie 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED GEAD A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET **FULL NAME OF** HOSPITAL OR ADDRESS OR LOCATION) C. CITY D. INSIDE CITY LIMITS? Mid imore E. STREET AND NUMBER Stree reher is made 9. AGE (In years S. SEX 6. RACE MARRIED NEVER MARRIED lost birthday WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) isposition done during most of working life, even if retired) retirea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abbie Jones Emma 0 17. INFORMANT th Woodhaven Ave. 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 3912 Lowe final SECURITY NO. aduiss104 CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY Imed LEADING TO DEATH e y mo m (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF embal heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)_______DUE TO, OR AS A CONSEQUENCE are DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the UNDERLYING CONDITION lost. the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20/6 10 y feeding Esophagoston 21B. PLACE OF INJURY (e.g., in or about 2) C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) obtained 21F, HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this haspital) attended the deceased from 20 ond that in(my) (our) aplaion death accurred on the date that (1) (we) lost sow the deceased alive on pe ond hour ond from the causes stated above. ((We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending [Med. Staff X Phys. Director L Phys. approval 23D. ADD ESS 23 C. PHYSICIAN'S NAME (Type) 24D. LOCATION 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) written

(Stote) (City, town, or county) 5/28/68 Mt. AUburn Baltimore Maryland ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR Rice 661 .03 VS 150-REV. 1/1/6B

YES [

If Under 1 Yr. Months: Doys

23 B. DATE SIGNED

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

If Under 24 Hrs.

testing and the second control of the second control of

A SECTION AND A SECTION ASSESSMENT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

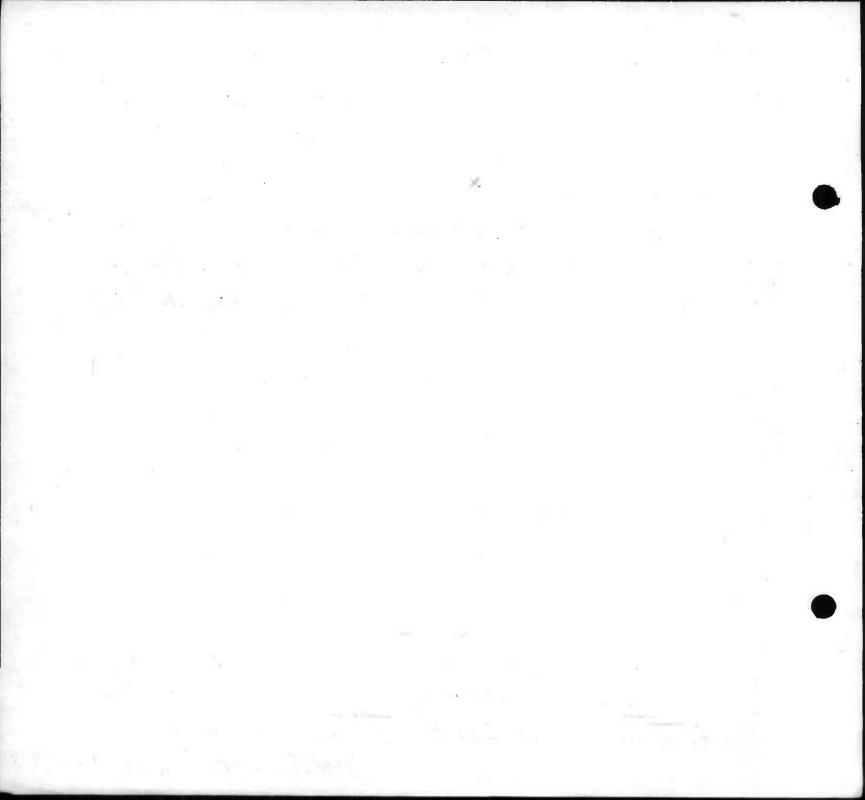
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BALTIMORE CITY HEALTH DEPARTMENT

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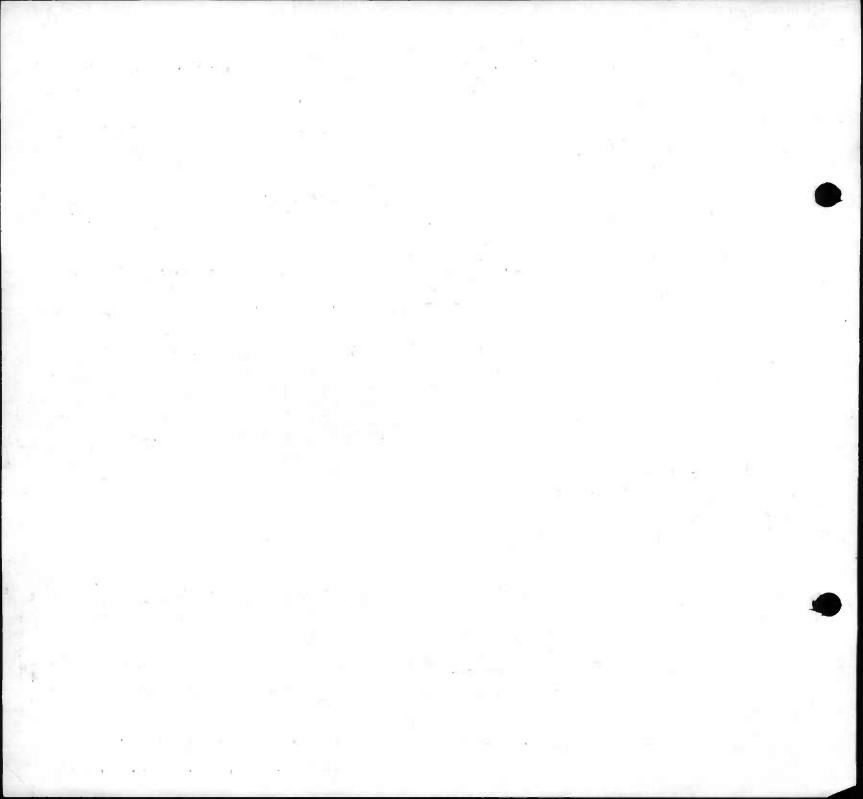
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3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD		B. COUNTY	ived. If institution:	esidence before admission
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET IN)	C. CITY OR LOWN	BALTE	D. INSIDE CITY L	
42 SINAI HOSP	BALTIMORE	E. STREET AND T	NUMBER DUVAL	LL AU	No L
MALE WHITE "	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1891 9. AGE (In y lost birthdox)	Months	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10 Education of working life, even if retired) OPERATOR	UPLICA. MACH.	BAL	State or foreign country) 70. MD.		ZEN OF WHAT COUNTRY
SAMES W. 1	Mc CUEN	ALIC	E R.	BAYL	4
IS. Was Deceased Ever in U. S. Armed Forces' (Yas, no or unknown) (If yes, give wor or dotes of		MRS. PEG	GY MCC	UEN 3	ADDRESS 918 DUVALLA BALTO. MD.
DISEASE OR CONDITION DIREC	TLY	71.00		~	Serverand
(This does not mean the made of dy heart failure, asthenia, etc. It means the injury or complication which caused de ANTECEDENT CAUSES	disease,	and a	gastrie 6	contak.	
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or about 21 C. WH office bldg., INJURY	ERE DID (If i	n Baltimare City, giv	ve exoct lacotian)
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22. I certify that (1) (this haspital) o that (1) (we) last saw the deceased of	,		19 68 to ond that in (my) (our) opinion dec	14 1 19 6 8 of the dat
and hour and fram the couses stoted	At	ttending Med	d. Staff 🔯	23 B, DA	TE SIGNED
23C. PHYSICIAM'S NAME (Type) FANAY10715 K.	SPANOS	23D. ADDRESS		TAL OF	BALTIMORE
24A. BURIAL CREMINION, 24B. DATE REMOVAL (Specify) BURIAL 5-16-68	24C. NAME OF CEMETERY OF CEMET		BALTO	(City, town,	or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25	R. NAME OF REGISTRAR	O SSC, FUNERAL	DIRECTOR	N & Sono	2 Balto Me



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	0 0	SB	E
Th	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death () shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

	00	BALTIMORE CITY	HEALTH DEPARTMENT		68- 5481
	68-	5481 CERTIFICA	TE OF DEATH	REG. NO.	00 0.301
BIRTH NO.		CERTITO	TE OF DEATH		
(Type or Prin	" CHARLES	. BOCKSTIE	May	25, 1968.	10:25 A.M.
3. PLACE IN	BALTIMORE, MARYLAND, WHERE PR	ONOUNCEO DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institut	tian: residence before admission)
FULL NAM HOSPITAL C INSTITUTION	OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md. c. city or town Baltimere	D INSIDE O	CITY LIMITS?
00	5602 Tedd Ave	nue	E. STREET AND NUMBER	5602 Todd A	
5. SEX	6. RACE 7. MAD	RIED NEVER MARRIED	B. DATE OF BIRTH 9.	. AGE (In years If	Under 1 Yr. If Under 24 Hrs.
Male	White wido	WED DIVORCED	July 4, 1914.	53	
dane during m	OCCUPATION (Give kind of work 108, KIN nost of working life, even if retired)	O OF BUSINESS OR INDUSTRY	Maryland		USA
13. FATHER'S			14. MOTHER'S MAIDEN NAM	E	
	Edward F.	Bockstie		Jessie Go	usha
15. Was Dec	eased Ever in U. S. Anned Farces? knawn) (If yes, give war ar dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes		278-07-0177	Mrs. Jane K.	Bockstie	(Same)
UNDER STORY OF CONTROL	I I I I I I I I I I I I I I I I I I I	e.g., eose, Carei us (B) Polymon DUE TO, OR AS iving the (C) Craci us (C) Craci us ING NAL FOR WHICH OPERATION	DISE Pulmonary A CONSEQUENCE OF: Oma of lect dus A CONSEQUENCE OF: FILLE 20A. AUTOPSY? (Yes or No) No In or obout 121C, WHERE DID	208. IF YES, WERE FIND IN CERTIFYING CAUSES	2 months
S OF INJU	JRY	While At C Nat Whil			
23A. SIG	ertify that (1) (this hospital) attend (we) last saw the deceased alive our and fram the causes stated aba ENATURE WASHING ALBERTO	ve. (I) (W) (did) (did not) ve. (B) (Athernoon)	19 68 and the riew the bady after death.	238	n death occurred an the date B. DATE SIGNED 5-25.68 7. Hd.
		DEGREE 4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City, I	awn, ar caunty) (State)
Bur 25A, DATE		Moreland Memo	prial (em. 25C. FUNERAL DIRECTOR)	Baltimore,	Md.
	MAY-27 1968 AL	Late & Falling	Leonard J. Ruc	k, Inc. Balt	
VS 150-REV.	1/1/68			•	

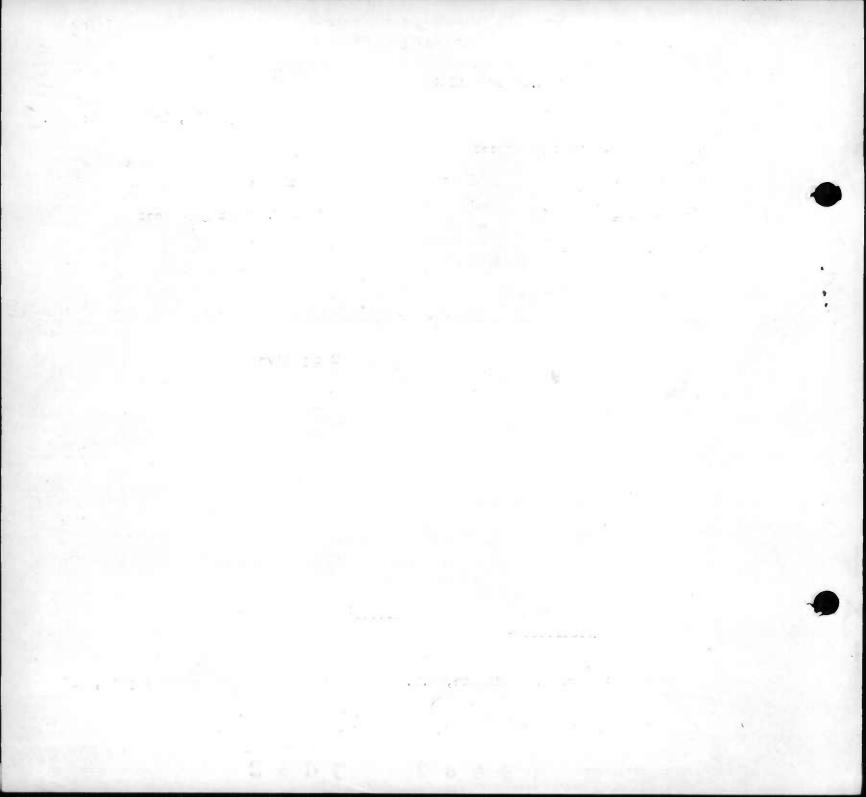


R-152 M-200

68- 5482 BALTIMORE CITY HEALTH DEPARTMENT

68- 5482

BIF	TH NO.	REG. NO.
	NAME OF DECEASED De or Print) MARY L. MACK ROBINSON	2. DATE Known Month Doy Year Hour OF DEATH Estimated M.
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD I NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL ADDRESS OR LOCATION) INSTITUTION	3. DATE PRONOUNCED DEAD May 20, 1968 1:30 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	2003 W. Saratoga Street	Maryland
	Female 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITATIONS?
9. 1	7-22-38 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.	E. STREET AND NUMBER 2003 W. Saratoga Street
11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Mack
don	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR' e during most of working life, even if retired)	Eur miller
	was deceased ever in U.S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 212-36-042	29 Eura Mack 200/w. Mulberry
	19. 571 CAUSE OF DEA	ATH APPROXIMATE INTERPAL BETWEEN ONSET AND MEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenlo, etc. It means the disease, injury or complication which caused death.) (A) IMMEDIATE C	CAUSE Eatty liver TAS A CONSEQUENCE OF:
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	R AS A CONSEQUENCE OF:
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	VAS PERFORMED 21. AUTOPSY? (Yes or No)
١.	2	Yes
MEDICAL	22A EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office)	., in or obout 22C. WHERE DID (If In Boltimore City, give exoct location) ice bldg., etc.) INJURY OCCUR?
Σ		22F. HOW DID INJURY OCCUR? OT WHILE WORK
	23.	utopsy ond that on this basis, death In my opinion ide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X
RE	A. BURIAL CREMATION, 24B. DATE 24C. MAME of CEMETERY MOVAL (Specify) 5-27-68 Sultimar A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	y or CREMATORY 24D. LOCATION (City, town, or county) (Stote) Wattonel Bactimore Mo. ADDRESS Wangford Shellips 1727 N. Mourals
VS	151-REV. 1/1/68	3.00.0



approved by the chief medical examiner

This certificate must be the body wos released Such

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or his assistant if death occurred

BID.	TH NO. 54	CERTIFICA	TE OF DEATH	REG. NO	00 0100
1, N	AME OF DECEASED	R	2. DATE A	ND HOUR OF DEATH	
(Тур	De or Print) LANEY Paul	MR	5	-24-68	11:30 PM.
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE P	ONO UN CED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If instit	tution: residence before admission)
HO	LL NAME OF SPITAL OR ADDRESS OR LOCATION BON Secour	- /	C. CITY OR TOWN Baltimo E. STREET AND NUMBER	11/23 D. INSIDE	YES NO NO
5. S	IWAI	RRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	onths! Doys Hours! Min.
	M Negro WIDO	WED DIVORCED	5-11-06	62	10013
	USUAL OCCUPATION (Give kind of work 10 B. KIN e during more of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	1	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Moses LANEY		Leola Gi	inter.	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of sec	1 6. SOCIAL	17. INFORMANT	11	Aporess
(16:	s, no or unknown/ (if yes, give wor or doles of se	215-10-060	2/1	Laness	Soul-
	LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. II means the disinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave couse (A) sloting UNDERLYING CONDITION lost.	(B)	A CONSEQUENCE OF:	:celing	a aceth
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I. (A).	TING			
CERTIFICATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	n or obout fice bldg., 21C. WHERE DID INJURY OCCUR?	(If in Boltimore C	City, give exoct location)	
MEDI	21D.TIME OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While At Work	21 F. HOW DID IN	JURY OCCUR?	//
	22. I certify that (!) (this haspital) often that (!) (we) lost sow the deceased alive and haur and from the causes stated about	an 5-24			on death accurred on the date
	23A. SIGNATURE	1. (1.) (and) (and not) v	Dody offer deoffic		3B, DATE SIGNED
	To be all	CA DAHO	nding Med.	5 toff	man 24 18

2SA. DATE REC'D BY HEALTH DEPT.

23C. PHYSICIAN'S NAME (Type)

258. NAME OF REGISTRAF

23D. ADDRESS

ADDRESS

written opprovol must be obtoined before the remoins ore embolmed or finol disposition is made.

VS 150-REV. 1/1/6B

2SC. FUNERAL DIRECTOR

monkee



VS 150-REV. 1/1/68

68- 5484

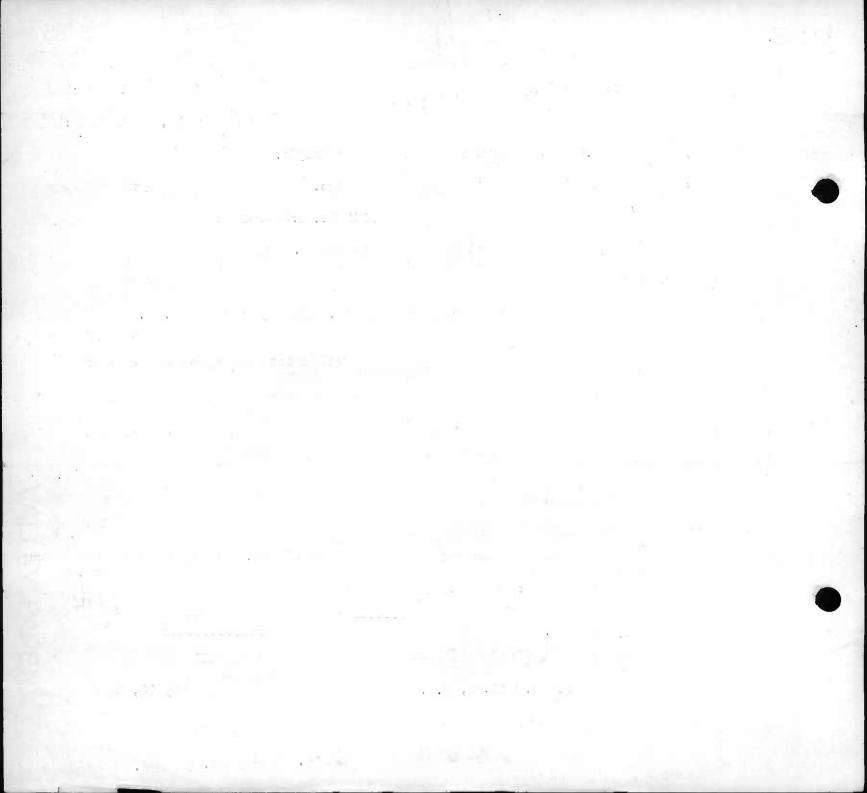
BIRTH NO. 58- 5484 CERTIFICA	TE OF DEATH					
I NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
(Type or Print) Samuel Colotta	25 Hay 1968 4:25 P. A					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decembed lived. II institution; residence before admission A, STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN Ballemore D. INSDE CITY LIMITS? YES XI NOT					
Marion Hemorial Hospital	E. STREET AND NUMBER 3622 Rexenere Road					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.					
M White WIDOWED DIVORCED	10-17-73 99					
done during most of working like, even if retired) PRES. Bldg, LOAN: ASSN.	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY A metican					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Joseph Culotla	Frances Cinque					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service). SECURITY NO.	17. INFORMANT ADDRESS					
no	Mrs. Josephine Rusk, 3622 Rexmere Rd.					
heoit foilule, osthenia, etc. II meons the seose injuly of complication which coused decimal and the seose that the seoo that the	M: 1 The Castina					
DISEASES OR CONDITIONS, if ony, SIVING DUE TO, OR AS rise to the obove couse (A) status the UNDERLYING CONDITION lost.	- A CONSEQUENCE OF					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TEMPORAL TO THE	e of Let Hip					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	18fice bldg., INJURY OCCUR? 3622 Rexmere Road					
OF INJURY (APPROX.) May 23 1968 4 While At Not While At Work	21F. HOW DID INJURY OCCUR?					
22. I certify that (I) (this haspital) attended the deceased fram 2 that (I) (we) last saw the deceased alive an 25 Hau	3 Nay 1968 to 25 May 1968 1968 and that in(my) (aur) apinian death occurred an the dat					
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.					
23A. SIGNATURE	ending Med. Staff 12 23B. DATE SIGNED					
23C. PHYSICIAN'S NAME (Type) Sabogal DEGREE	23D. ADDRESS Union Memorial Hospital					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR						
entombment 5/29/68 Lorraine MAU	so/Eum Baltimore, Maryland					
25A, DATE REC'D BY HEALTH DEP 368 25R NAME OF REGISTRAR	Leonard J Ruck, IncBaltimore, Md.					

Park areas in a compa STATE THE RESERVE OF THE STATE remain the agriculture. The second second except in 1...... 68- 5485 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

68- 5485

BIRTH NO.	LYMMIIATK 2	LEKTIFICATE OF DEATH REG. NO.	
1. NAME OF DECEASED		2. DATE Known X Month Doy	Yeor Hour
(Type or Print) NORMA MEEKER		OF 5 00	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	3. DATE Month Doy	68 10:20р м. Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU		PRONOUNCED DEAD	
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		May 23,	1968 10:20 рм
1/4		5. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE B. COUNTY	n: residence before odmission)
St. Agnes Hosp	ital	Maryland	
	D NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
Female White WIDOWE	DIVORCED [Balto.	ESXX NO .
9. DATE OF BIRTH 10. AGE (In years II	Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	ESAN INC.
7/77//30	onths, Doys, Hours, Min.	2010 G. B. 1 G.	
	CITIZEN OF	3212 St. Paul Street	
	WHAT EQUNTRY?		
Baltimore, Maryland	USA	Lowell E. Condit	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND Comp, during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
Housewife		Evelyn Grafton	
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL		DDRESS
(Yes, gorunknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mrs. Evelyn Roberts 18.	E lanuala St
19. = 0.54.00	CAUSE OF DEA		APPROXIMATE INTERVAL
F 18010			BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)	AS A CONSEQUENCE OF:	
DISEASE OR CONDITION GIVEN IN PART I (A).			
20A. DATE OF OPERATION 20B. CONDITION FO	OR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2			YES
ZZA. EXTERNAL CAUSE WAS 22	B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If In Boltimore City, give exalphigo, etc.) INJURY OCCUR?	
UNDERLYING GOR CONTRIB-			
22D. TIME (Month) (Doy) (Year) (Hour)	Roadway	Found 4ft, roadway ne	
OF INJURY Found	WHILE AT NOT	WHILE ORK	Ave.
(APPROX.) 5 23 68 6:00°z	WORK LATW	ORK 🔀	
certify that I held an Inquiry	Inspection Au	tapsy 🕅 and that an this basis, death in my	
			MT
resulted fram: Natural causes	Accident Suicid		A.J
1	110	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE STANDARD	M.D.	ASSISTANT MEDICAL EXAMINER XX	
EXAMINER'S		ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wi			26, 1968
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tow	n, or county) (Stote)
Burial 5/28/168	B-11. N	1. 16 , 01,	A4 1 2
25A. DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAR	ational emotion Baltimone,	ADDRESS Land
24024 624 424 4	BE. Fallens	0 12 14 04 13	
The state of the s	Manager Comment	O John H. Monan Inc. 3000	E. Baltimores
VS 151-REV. 1/1/68 A 4 6 7.			0

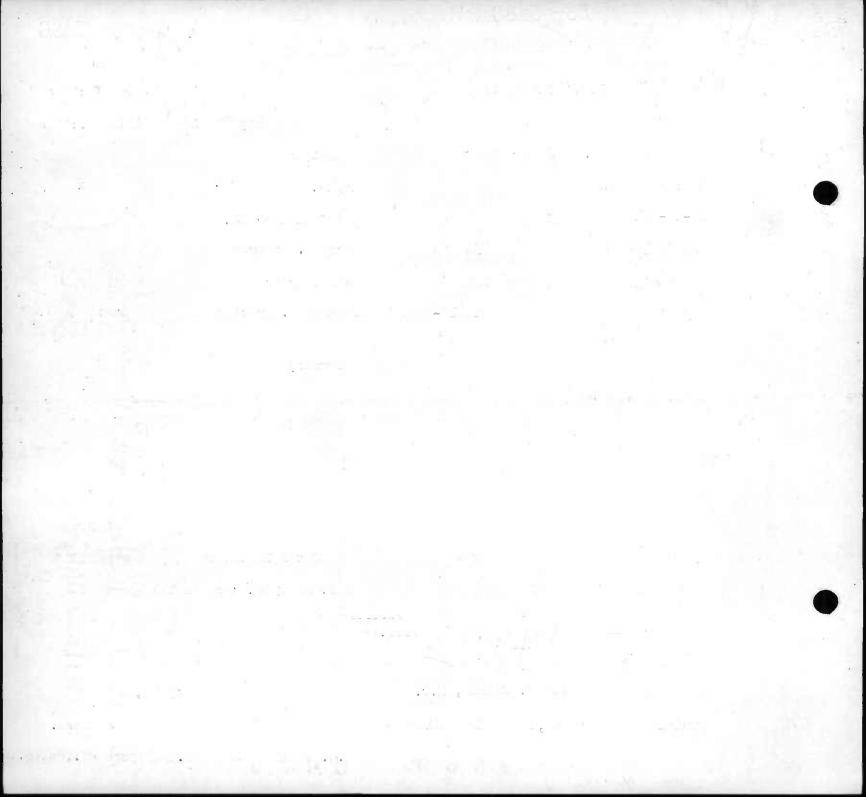


P-623

68- 5486 BALTIMORE CITY HEALTH DEPARTMENT BALTIMORE CITY HEALTH DEPARTMENT

68-	5486
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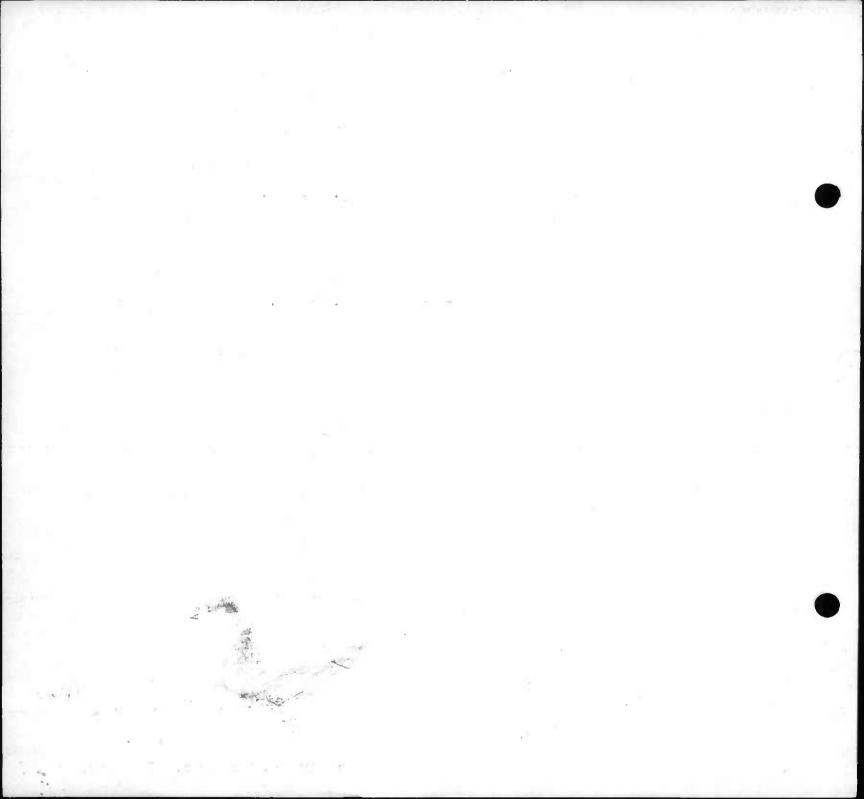
BIRTH INO.					LEKTIFI			REG. NO.		
I. NAME OF DECEASED						Known 😾	Month	Doy	Yeor	Hour
(Type or Print) MARY LOUISE PROCTOR					OF DEATH	Estimated	5	24	68	9:20 a M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Manth	Day	Year	Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)			PRONOI	INCED DEAD	Mav	24	1968	9.20 am		
OR INSTITUTION	ADDRESS	OK LOCATION,	,			SIDENCE (When		ved. If institutio		
6400 Wahs	sch Arra	Seton 7	Incti	tuto	A. STATE	formal and		B. COUNTY	2400	Pr.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 1				Maryland Outle On Inside City Limits?						
Female	white		DOWED		D-1			,	ES 🗆	NO X
9. DATE OF BIRTH		AGE (In year	rs If Ur	der 1 Yr. If Under 24 Hrs.	Bal 1	ND NUMBER		<u>'</u>	E2 []	NO [A]
11-19-19	75 10	st birthday)	Mont	hs Doys Hours Min.	620	O	. D.1		6	2 - 24
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			13. FATHER	OverBrool	c Rd.		_	0-00		
				y W. Kame	2022					
Pennsylvania USA 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY										
done during mast of w	arking life, even i	fretired)				el Cross				
Housewi	ED EVER IN II S	APMEDEOS	wn Ho	17 SOCIAL	18. INFORM			Δ	DDRESS	
(Yes, no or unknown)	(If yes, give war	or dates of ser	vice)	17610-5541		min G. Pr	octor		Sam	0
19.				CAUSE OF DEA	1	WILLI G. 11	00001			PROXIMATE INTERVAL
E95	4 X1			CAOSE OF BEA					BETW	EN ONSET AND DEATH
	E OR CONDITION									
4.	ot mean the ma		e.a	(A) IMMEDIATE O	CAUSE Dro	wning				>+++++++++++++++++++++++++++++++++++++
heart follure,	asthenio, etc. it i	means the disea	ase,	DOE TO, OK A	AJ A CONSEQ	DENCE OF:				
injoy ar com	, price treit in their c									
	NTECEDENT CA			(B)	45 A CONST					
RISE TO THE	OR CONDITION ABOVE CAUSE	(A) STATING	ING THE	DUE TO, OR	AS A CONSE	QUENCE OF:				
LUNDERLYIN	1G CONDITION	V LAST.		(c)						
P = 975	% II									
OTHER SIGN	IFICANT CONDI								15	
DISEASE OR	CONDITION GIV	EN IN PART I	(A).							
-			ON FOR	WHICH OPERATION W	AS PERFORM	ED			21 AUTO	
20A. DATE OF	OPERATION 2	INR. CONDIII	0111011						21. 4010	PSY? (Yes ar Na)
1	OPERATION 2	UB. CONDIII	0117011							PSY? (Yes ar Na)
20A. DATE OF	NAL CAUSE WA	s	22B. F	PLACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Baltimo	re City, give ex	y	
Z 22A. EXTERN		.S B.	22B. F		in or obout 2 e bldg., efc.)	AJURY OCCUR?			y	
22A. EXTERN UNDERLYING UTING CAI	NAL CAUSE WA	SS B-	22B. F hame	PLACE OF INJURY (e.g., , form, foctory, street, affic Tub EINJURY OCCURRED	e bldg., efc.) II	2C. WHERE DID NJURY OCCUR? Seton In 2F. HOWDID IN	stitut	e	y	
22A. EXTERNUMBERLYING	NAL CAUSE WA	S B- (Yeor) (22B. F hame (Hour) 22	LACE OF INJURY(e.g., , form, foctory, street, affic Tub ZE.INJURY OCCURRED (HILE AT NOT	while2	Seton II Seton II Seton II	stitut JURY OCC	Le UR?	oct lacotian)	
22A. EXTERN UNDERLYING UTING CAI	NAL CAUSE WAS OR CONTRI USE OF DEATH	S B- (Yeor) (22B. F hame (Hour) 22	CLACE OF INJURY(e.g., form, foctory, street, affice Tub REINJURY OCCURRED WHILE AT NOT NOT NORK AT W	WHILE VORK	Seton It	stitut JURY OCC	Le UR?	oct lacotian)	
22A. EXTERN UNDERLYING UTING CAI CAI CAI CAI CAI CAI CAI CAI CAI CAI	NAL CAUSE WAS OR CONTRI USE OF DEATH	(Yeor) (22B. F hame (Hour) 22 m. W	PLACE OF INJURY (e.g., form, foctory, street, affice Tub ZE INJURY OCCURRED WHILE AT NOT AT W Inspection Au	while work was a tapsy XX	Seton II Seton II Seton II	nstitut JURY OCC	e UR?	oct lacation)	
DATE OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T	NAL CAUSE WAS CONTRIUSE OF DEATH	(Year) (68 ?	22B. F hame (Hour) 2: m. W	CLACE OF INJURY(e.g., form, foctory, street, affice Tub REINJURY OCCURRED WHILE AT NOT NOT NORK AT W	while tapsy XX	Seton In Set	nstitut JURY OCC ng face his basis, Undetermi	UR? in tub death In my	oct lacotian)	
ZZA. EXTERI UNDERLYING UTING CAI 22D. TIME OF INJURY (APPROX.) 23. I certi result	NAL CAUSE WAS OR CONTRI USE OF DEATH (Month) (Doy)	(Year) (68 ?	22B. F hame (Hour) 2: m. W	PLACE OF INJURY (e.g., form, foctory, street, affice Tub ZE INJURY OCCURRED WHILE AT NOT AT W Inspection Au	while tapsy XX	Seton In Seton It Seton It Seton It It I I I I I I I I I I I I I I I I	nstitut JURY OCC ng face his basis, Undetermi	UR? in tub death In my	oct lacotian)	ZES
ZZA. EXTERI UNDERLYING UNING CAI CAI CAI CAI CAI CAI CAI CAI CAI CAI	NAL CAUSE WAS OR CONTRI USE OF DEATH (Month) (Doy) 5 24 ify that I held ed from: Nate	(Year) (68 ?	22B. F hame (Hour) 2: m. W	PLACE OF INJURY (e.g., form, foctory, street, affice Tub ZE.INJURY OCCURRED WHILE AT NOT AT W Inspection Au Suicio	while work X	Seton In Set	nstitut JURY OCC ng face his basis, Undetermi	UR? in tub death In my	oct lacotian)	
ZZA. EXTERI UNDERLYING UTING CAI 22D. TIME OF INJURY (APPROX.) 23. I certi result	NAL CAUSE WAR SON CONTRI USE OF DEATH (Month) (Doy) 5 24 ify that I held the death of the deat	(Year) (68 ?	22B. Fhame (Hour) 2: m. W	PLACE OF INJURY(e.g., form, foctory, street, affice Tub PERINJURY OCCURRED WHILE AT NOT AT W Inspection Au Suicident Suicident M.D. M.D.	WHILE YORK XX P	Seton It F. HOWDID IN Cound lyir and that an 1 micide CHIEF MEDICAL	DSTITUTE JURY OCC DS FACE his basis, Undetermi EXAMINER	e in tub death In my ned manner	oct lacotian)	ZES
22A. EXTERN UNDERLYING UTING CAI 22D. TIME (OF INJURY (APPROX.)) 23. 1 certi result ACTUAL SIGNATL EXAMINE NAME (T.)	NAL CAUSE WAS SOR CONTRIUSE OF DEATH (Month) (Doy) 5 24 ify that I held the from: Nature of the series (Month) (Doy) The series of the series of the series (Month) (Doy) The series of the series of the series (Month) ((Yeor) (68 ?	228. Fhame (Hour) 2: wm. W	PLACE OF INJURY(e.g., form, factory, street, affice Tub PLE INJURY OCCURRED HILLEAT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE YORK XX HOLD ASSO	Seton In 2F. HOWDID IN COUNTY OCCUR? Sound lyir and that an amicide CHIEF MEDICAL STANT MEDICAL CLATE MEDICAL	DSTITUT JURY OCC IS FACE his basis, Undetermi EXAMINER EXAMINER EXAMINER	death In my	apinian	DATE SIGNED
22A. EXTERN UNDERLYING UTING CAI 22D. TIME (OF INJURY (APPROX.)) 23. I certi result ACTUAL SIGNATU EXAMINE NAME (T.)	NAL CAUSE WAS OR CONTRI USE OF DEATH (Month) (Doy) 5 24 ify that I held red from: Natural Cause was presented from: Natural Cause was presen	(Year) (68 ?	228. Fhame (Hour) 2: wm. W	PLACE OF INJURY(e.g., form, foctory, street, affice Tub PERINJURY OCCURRED WHILE AT NOT AT W Inspection Au Suicident Suicident M.D. M.D.	WHILE YORK XX HOLD ASSO	Seton In 2F. HOWDID IN COUNTY OCCUR? Sound lyir and that an amicide CHIEF MEDICAL STANT MEDICAL CLATE MEDICAL	DSTITUTE JURY OCC DS FACE his basis, Undetermi EXAMINER	death In my	oct location)	DATE SIGNED
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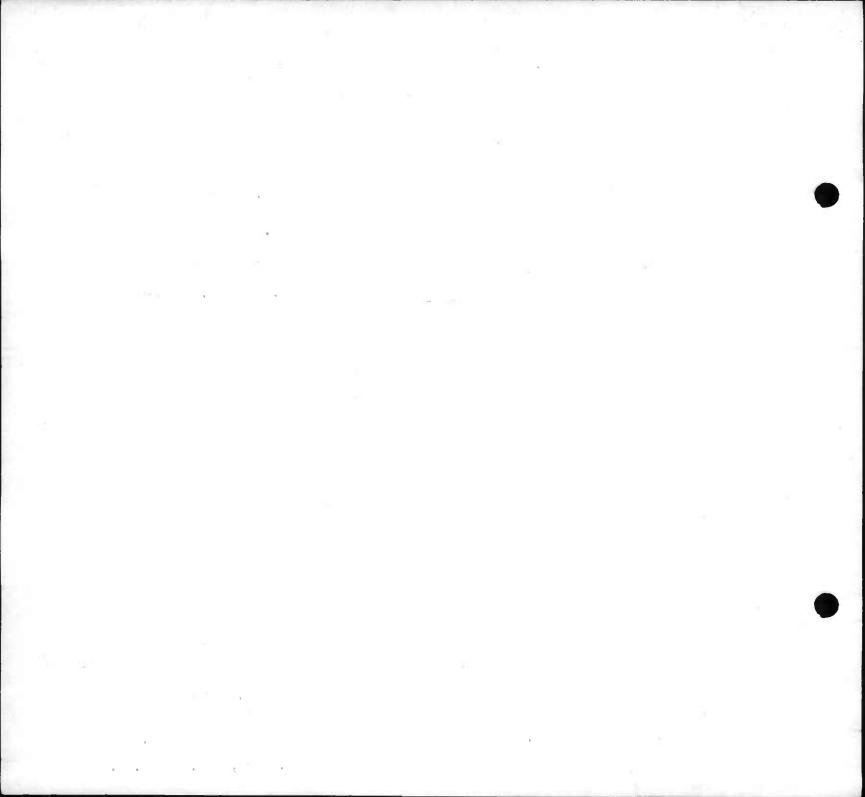
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

68-	5487 BALTIMORE CITY	HEALTH DEPARTMENT		68- 5487
	CERTIFICA	TE OF DEATH	REG. NO	00- 0407
INAME OF DECEASED		DATE AN	ID HOUR OF DEATH	
(Type or Print)	T)			2.112 0
Fernandis J 3. PLACE IN BALTIMORE, MARYLAND, WHERE P		THA USUAL PESIDENCE (Whe	24, 1968	stitution; residence before admission)
S. PLACE IN BALTIMORE, MARILAND, WHERE P	KONOUNCED DEAD	A. STATE B. COUN	ITY	simulation, residence detaile dumission,
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland		- C)
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	DITINSI	DE CITY LIMITS?
		Baltimore		YES NO
4413 Furley Ave.		E. STREET AND NUMBER		
O THE TAILEY HVC.		4413 Furl	077 A 770	
S. SEX 6. RACE 7. AAA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
ma.			last birthday 71	Months Doys Hours Min.
11010	OWED DIVORCED		, –	
IDA, USUAL OCCUPATION (Give kind al work 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
Retired Plumber		Marylan	d	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Fernandis Bew	en			McCullough
			DY TAREO 0 1	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
?	220-12-6848	Mrs. Mary F. B	owen	(Same)
[1B. /// 0 P	CAUSE OF DEAT			APPROXIMATE INTERVAL
410,7		Λ		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cittle 1	wter Carda	s desired A
(This does not mean the made of dying,	(A) IMMEDIATE CAL		una carac	aritech.
heart failure, asthenia, etc. It means the di		A CONSEQUENCE OF:		
injury ar complication which coused death.				
ANTECEDENT CAUSES	1170s cu	elan Deseno	Septal	
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AŞ	A CONSEQUENCE OF:	<i>(</i>)	
ise to the above couse (A) stating		. T		Quet
UNDERLYING CONDITION Iosi.	(c)	niction		
H20.1 II)		
O OTHER SIGNIFICANT CONDITIONS CONTRIBU				- 100
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IINAL			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
198. CONDITION WAS PERFORMED UP 21A. ACCIDENT WAS UNDERLYING			IN CERTIFING CAT	DSES OF DEATH?
	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimore	e City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examine)	home, form, factory, street, of	ffice bldg., INJURY OCCUR?		
U				
21 D. TIME (Month) (Day) (Year) (Hour		21 F. HOW DID INJ	URY OCCUR?	
< (APPROX)	While Al Work			
22 contifue these (I) (this has rited) extent	alad the deceased from	10-5-59	19 to 5	-24 1068
22. I certify that (I) (this haspital) atter	ram	h		I
that (1) (we) last saw the deceased aliv	e an J - Z -	19 6 1 and th	at in(my) (appl) apli	nian death accurred an the dat
and have and from the causes stated abo		riew the body after death.		
23A. SIGNATURE				23B, DATE SIGNED
Man a lala		nding Med.	S toff	1-24-68
23C BUYCICIANTS	DEGREE Phy		Phys.	
23C. PHYSICIAN'S NAME/IT/pe)		23D. ADDRESS		
/Dr. John Hyle	Mediaer	7527 Belair	Rd. Balt.c	Ma
24A. BURIAL PREMATION, 24B. DATE	QEGREE Q4C, NAME of CEMETERY of CRI		OCATION (CI	ly, town, or county) (State)
Burial 5/28/68.	Parkwood Cemeter		D-344	262
		•	Baltimore	
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	/	ADDRESS
MAY 27 1968 02.0	sub E Sarber MA	Leonard J.R	uck Inc.	5305 Harford Rd
VS 150-REV. 1/1/6B				



	0.0			HEALTH DEPARTMEN		68- 5488
BIR	TH NO.	- 5488	CERTIFICA	TE OF DEATH		00 0300
	AME OF DECEASED			2. DATE	AND HOUR OF DEATH	
Гур	e or Print) Chester W	· Miller		5 2	26 68 5	115 P
3. 1	PLACE IN BALTIMORE, MARYLAND, W		DEAD		Where deceased lived. If in	stitution: residence before admissis
			011/5 (20552	Waryland	/3 //	63.00
ΗС	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, ATION)	GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
N S	NOITUTIE			0.11		YES NO 30
7	MATYLAND GENER	-Al HOSD	tal	E. STREET AND NUMBE		100
)	1.44		, - ()	7511 0	. 1 1	P
5. S	EX 6. RACE	7. MARRIED WINE	VED MADDIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 h
	100		=	5/2000/23/9	lost birthdoy)	Months Doys Hours Min
A A	USUAL OCCUPATION (Give kind of work	WIDOWED	DIVORCED	1		12. CITIZEN OF WHAT COUN
	e during most of working life, even if retired)	I BOSIN	iess ok intoosiki			
1	Retired Fireman	Railre	ad	Md.	•	USA.
3.	FATHER'S NAME	3	_	14. MOTHER'S MAIDEN	NAME	
	Charles Mil	ler		Charl.	the trout.	
S. 1	Was Deceased Ever in U. S. Armed For	ces? 16. SC	CIAL	17. INFORMANT		ADDRESS
Yes	, no or unknown) (If yes, give wor or date	s of service) SE	-07-8830	O Mrs.	Hilda G. Mill	ler (Same)
	N•				NOOCK NOOK	(
	18.533,9 I		CAUSE OF DEAT	Н		APPROXIMATE INTERV
	DISEASE OR CONDITION DI	RECTLY			1 1	
	LEADING TO DEATH		(A) IMMEDIATE CAL	ISE TNEUMON	IA - bilat	
	(This does not meon the mode of			A CONSEQUENCE OF:		
	heart foilure, asthenia, etc. It means injury or complication which coused					
	ANTECEDENT CAUSES			2-4-5		
			(B) DUE TO, OR AS	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if		501 70, 01 110			
	UNDERLYING CONDITION lost.		(c)			
	540,0 11					
O	OTHER SIGNIFICANT CONDITIONS CO					
ATI	TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
U	19A. DATE OF OPERATION 198. CON	DITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED
RTIF	5-21-68 WAS FEE	FERTIC U	1 cm	no	cekiii iii ce	
C	21A. ACCIDENT WAS UNDERLYING	21B. PLAC	E OF INJURY (e.g., i	n or about 21 C. WHERE DI	D (If in Boltimor	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	etc.)	n, roctory, street, o	mee mag, majori occo	N.	
U	21 D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJU	RY OCCURRED	2) F. HOW DID	INJURY OCCUR?	
MEDI	OF INJURY	While At I	Not Whil			
<	(APPROX.)	Work	At Work			
	22. I certify that (1) (this haspita	l) attended the dea	eased fram	5-7	19 68 to	5-26 196
	that (I) (we) last saw the decease					nian death accurred an the
	and haur and from the causes sta	rea abave. (I) (We)	(did) (did nat) v	riew the bady after dec	im.	23B, DATE SIGNED
	23A. SIGNATURE	4	A44	ending Med.	Shaff	
	I homos M Huds	2 AMI	DEGREE Phy		Phys.	5-21-68.
	23C. PHYSICIAN'S			23D. ADDRESS		
	NAME (Type)				Md. General	Hespital
244	A. BURIAL CREMATION, 24B. DATE	24C. NAME o	DEGREE CEMETERY OF CR	EMATORY 24		ity, town, or county) (Sto
,	REMOVAL (Specify)					
	Burial 5/29/6			st Cemetery	Monkton,	Md.
25/	A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REG		25C. FUNERAL DIRE		ADDRESS
	WA! & 1900	1 Cherry E	8 Faller de	Telement 1	Ruck, Inc. Ba	1to.Md. 21214
10	150-REV. 1/1/6B					
5						



GR word	5489 CERTIFICA	HEALTH DEPARTMENT	/P/RECABS/	
00	CERTIFICA	TE OF DEATH	REG. NO.	53489
BIRTH NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print)	0 1 0	00.01	75 161 6	2 1 11:2.1
WILLIAM GEORGE	BOCK M.	14. USUAL RESIDENCE (When	e deceased lived. If ins	12, 20 HM.
3. PLAČE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COUN		stitution; residence before domission/
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		CCITY OR TOWN	ID INSI	E-CITY (IMITS?
INSTITUTION THE UNIONMEMON	RIAL HOSPITAL	BALTIMORE	- /	YES LINO
1/11 3320 + CAIVERT S		E. STREET AND NUMBER		
7 7	(AND 21213	1436 WINS	TON ROA	20
5. SEX 6. RACE 7. MARR			9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months! Doys Haurs! Min.
MALE CAXASIAN WIDOW	VED DIVORCED	12/25/00	67	
	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	~	Ma. /110		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ENGINEER		14. MOTHER'S MAIDEN NAM	A.F.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
HENCY Boch		A XXXXXXXXXXXXXXXXXXXXXX	ugusta Paul	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of servi	ce) 16. SOCIAL	17. INFORMANT		3303 OAKLEIGH ROAD
(IN ENDOUN	213-05-7355	Mas RITANOCCH	(LAUSHTER)	
18.2001	CAUSE OF DEAT	н	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			1	
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Masive Il	redung int	a margaret To
(This daes nat mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS			and the same of
injury ar camplication which coused death.)	an	-d G 1. U	racto	1 1 1 1 1
ANTECEDENT CAUSES	(n)	1 2	2400	
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF		574.6
rise to the abave cause (A) stating UNDERLYING CONDITION last.		0 /		/
	(C)			
200./ II	NG			A
TO THE DEATH BUT NOT RELATED TO THE TERMIN				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
198. CONDITION F WAS PERFORMED		YES	IN CERTIFYING CAL	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Baltimore	City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, larm, factory, street, a etc.)	mice bidg., INJUNI OCCUR:		
21D-TIME (Manth) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Not While			
(APPROX.)	Wark At Wark		7.0	
22. I certify that ((this haspital) attend			968 to MA	925 1963.
that ((we) lost sow the deceased olive	on MAY 25,	1968 ond the	at in (🚗) (our) opir	nion death occurred on the dote
ond hour and from the causes stated above	e. (4) (We) (did) (
23A. SIGNATURE				23B, DATE SIGNED
1)-00 - 11 9		ending Med.	Staff Phys.	MA425 1510
William to power	DLEGGE Phy	s. Director 23D. ADDRESS	rnys. 🗀	MA725, 1968
23C-PHYSICIAN'S NAME (Type)				
WILLIAM H. SPENCER-S				PITAL
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Cit	ty, town, or county) (State)
Burial 5/29/68	Mereland Memor		altimere, Ma	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ole Two Della	ADDRESS Md
1000 (1000)	O ACT ACTURED AND	Doorard J Ric	EK THE. BALT	Imore, Ma
VS 150-REV. 1/1/6B				

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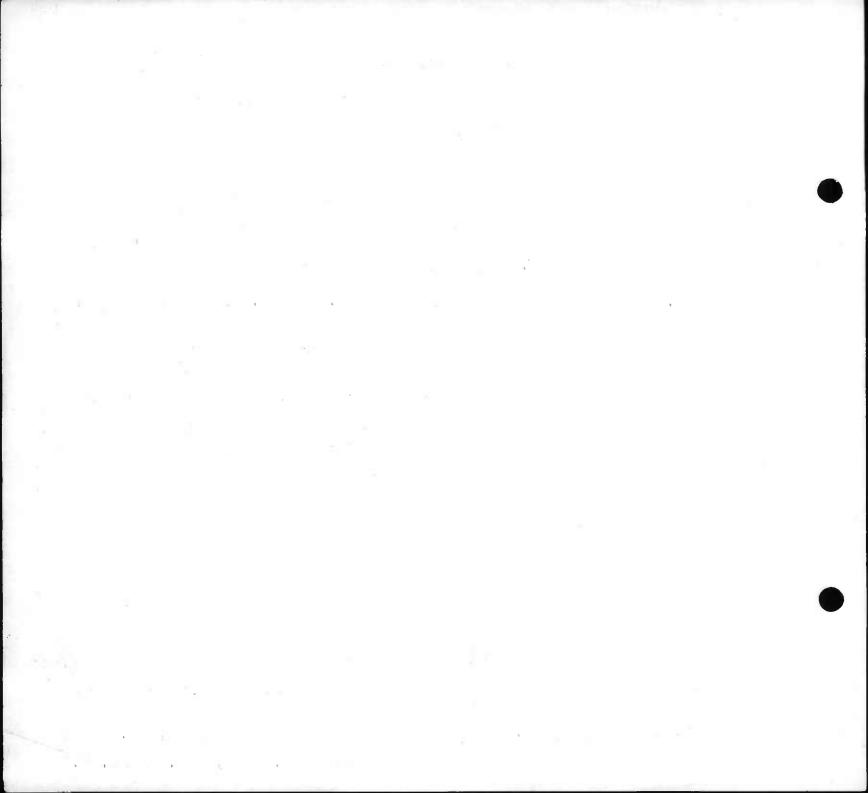
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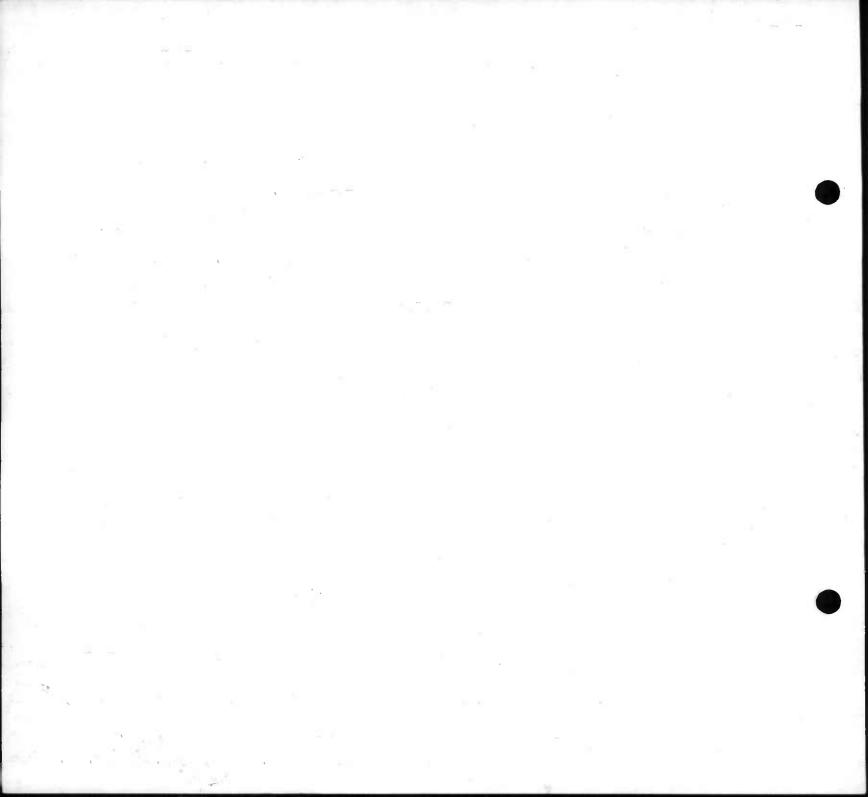
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- Munt James Story

2	CQ_ 5A	BALTIMORE CITY	HEALTH DEPARTMENT		00 5400
4	68 54	CERTIFICA	TE OF DEATH	REG. NO.	68-5490
	BIRTH NO.				Lucies Control
	(Type or Print)	gregor	2. DATE AN	D HOUR OF DEATH	755
	JOHN >. M	ac compose	5/	25/08 01	M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If instit	ution; residence before odmission)
- 1	5001 00000 05 05 000000 00 00000		11.0	EXXXXXXXXXXXXXX	
	FULL NAME OF (IF NOT IN HOSPITAL OR INST	HIUTION, GIVE STREET	C CITY OR TOWN	1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	CITY LIMITS?
	INSTITUTION /	Hospital			ac The Control of the
1	Mary and Deral	rogerun	E. STREET AND NUMBER		
.4	0827 Linder aus.			1.11.1 (1	
3	0 10 10 00 11 00 0		3320 Han	juia a	ve.
3	5. SEX 6. RACE 7. MARRIE	D NEVER MARRIED		S. AGE (In years I	If Under 1 Yr. If Under 24 Hrs.
	Male White WIDOWE	DIVORCED	4/22/88	80	10.00
-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
5	done during most af warking tife, even if retired) (arpenter	tired.	Han	11hol	IICA
	13, FATHER'S NAME	11160	345 /1200	990	USA
			14. MOTHER'S MAIDEN NAM	<i>y</i> ² ,	
200	Samuel J. M.	acGregor 1	nna Moslei	1	
3	15. Was Deceased Ever in U. S. Armed Farces?	1 6, SOCIAL	17. INFORMANT		ADDRESS
3	(Yes, no or unknown) (If yes, give wor or dotes of service	SECURITY NO.	M. O. A	M C	10
	Unk.	-C1-03-0708.	Mrs. Dora A.	<i>Шасу</i> гедог	
5	18.576.0	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY				
9	LEADING TO DEATH	(A) IMMEDIATE CAU	ISE BRONCHO	PNFUMONI	A 5 days
5	(This daes na! meon the mode of dying, e. hear! failure, asthenio, etc. It means the diseas		A CONSEQUENCE OF:	1 . 40	
2	injury ar camplication which caused death.)		Pulmona	ry cocem	a.
2	ANTECEDENT CAUSES	in Cahbords	RECOMA DUNCTO	benevas	es
ש	DISEASES OR CONDITIONS, if ony, givin	(D). W	A CONSEQUENCE OF:		A.C
3	rise to the abave couse (A) stating th	ne Not I W.	(AMIATIALA	KALINAI	
Sulb	UNDERLYING CONDITION 10 st.	(c) (d) (d)	may ago ago	o a care	
	2 586 X II	Chroth	OBSTRUCTIVE	- JAUNPICE	6.
тие геш	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA				
0	A DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A	1 00D 10 W 1100	
	19A. DATE OF OPERATION 19B. CONDITION FO	X WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUSE	S OF DEATH?
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED 21A, ACCIDENT WAS UNDERLYING	10.01	1 1010 11110		
Detore	OR CONTRIBUTING CAUSE OF	TB. PLACE OF INJURY (e.g., i iome, form, foctory, street, of	fice bldg., INJURY OCCUR?	(It in Baltimare C	City, give exact location)
0	DEATH (notify medical examiner)	etc.)			
5		1E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
aluea	₹ (APPROX)	White At Not While	e 🗀		
		Work At Work			(5)
0	22. I certify that (1) (this haspital) attended	the deceased fram		9 69 ta 5	125 1968,
9	that (1) (we) last sow the deceased alive ar	1 5/25	19 6 8 and the	at in(my) (aur) apinid	n deoth accurred on the date
0	and haur and fram the causes stated abave.	(I) (We) (did) (did not) v			
ŝ	23A. SIGNATURE			23	B. DATE SIGNED
E	Dent 1 de 1 in		nding Med.	Staff Phys.	-190160
5	23C BHYCICIANS	DEGREE Phys		Phys. 🗀	5/25/68
6	23C. PHYSICIAN'S NAME (Type)		23D, ADDRESS	ALANG ACT	CTO DAL-
riffen approval must	E.G. DRITSHS	DEGREE	111 W. MON	VIUI-N/	STR. BALT. My
3	24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY of CRE	MATORY 24D. LC	CATION (City,	town, or county) (Stote)
5	Burial 5/29/68	Miltord Come	tonu	Miltond	Pa
Ĕ	25A, DATE REC'D BY HEALTH DEPT. 25B, NAM	E OF REGISTRAR	25C FUNERAL DIRECTOR	muegona,	ADDRESS.
	1000 10 8	Milford (eme	Concell &	Junh One	Pa. ADDRESS Balto.Md. 2124
	11 2 1 1968 UGE		Learence J. M	vacre, File. L	June 1110 2124
	V5 15U=KEV, 1/1/6#### No. 199				

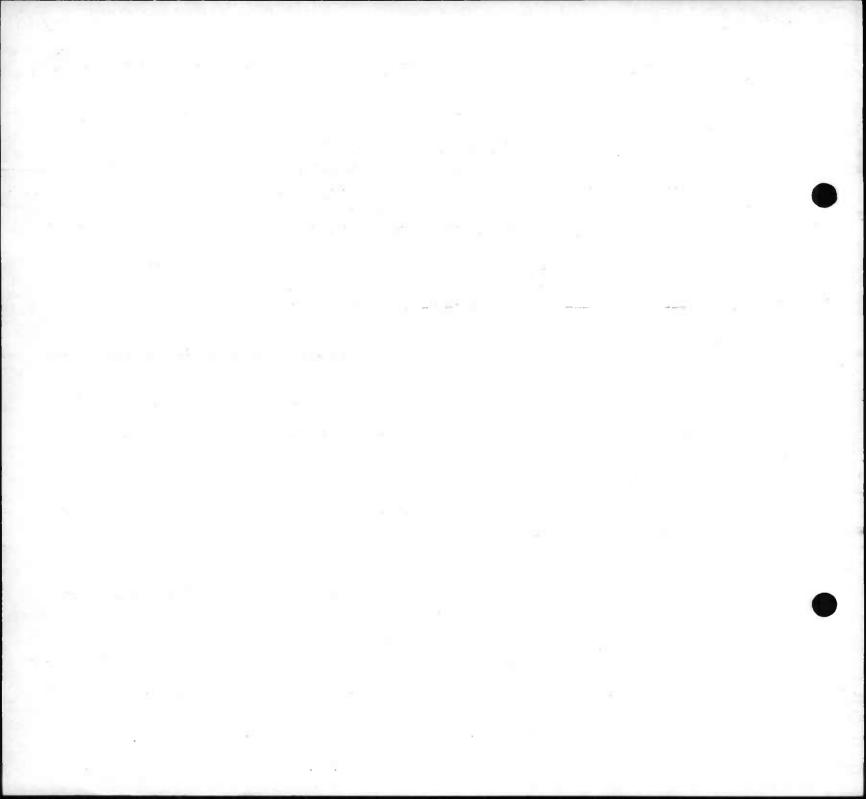


	M-235 68-	CERTITION	TE OF DEATH	REG. NO	
	ve or Print) DOROTHY /. N		2. DATE AN	HOUR OF POENTH	68 5:35PM 35
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE	The second secon			nstitution: residence before admission
			A. STATE B. COUN'	^	1
HO		INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	DING	CIDE CITY HAITS?
IN:	BALTIMORE CITY HO		BALT IMORE	3 11 (3	YES A NO
3	4940 EASTERN AVEN		E. STREET AND NUMBER		
	BALTIMORE, MARYLA	AND #21224	5535 PLAINFIEL	D AVE. #2	1206
S. S	FEMAIR LILITER	ARRIED NEVER MARRIED DIVORCED		ast birthday) 63	If Under 1 Yr. If Under 24 Hr Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n cauntry)	12. CITIZEN OF WHAT COUNTR
	Housewife FATHER'S NAME		MARYLAND		U.S.A.
13.	ANDREW (arr		14. MOTHER'S MAIDEN NAM	y L. DeVs	inney
	Was Deceased Ever in U. S. Armed Farces? is, no or unknawn) (If yes, give wor ar dotes of s	16. SOCIAL SECURITY NO. 220-44-9612	RECORDS BALTIM		OSPITATS DRESS ALTO., MD. #21224
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statin UNDERLYING CONDITION tost.	3	A CONSEQUENCE OF:		
CATION	rise to the above cause (A) station UNDERLYING CONDITION tost. 154 X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	JTING MINAL			
ATIO	rise to the above cause (A) station UNDERLYING CONDITION tost. 154 X 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM	JTING MINAL FOR WHICH OPERATION		20B. IF YES, WERE	FINDINGS CONSIDERED
L CERTIFICATIO	TISE TO THE ABOVE CAUSE (A) SIGNIN UNDERLYING CONDITION TOST. 1 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TEST. TO THE DEATH BUT NOT RELATED TO THE TEST. TO THE DEATH BUT NOT RELATED TO THE TEST. TO T	JTING MINAL FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING	FINDINGS CONSIDERED USES OF DEATH?
DICAL CERTIFICATIO	rise to the above cause (A) station UNDERLYING CONDITION tost. 1 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TEAT TO THE DEATH BUT NOT RELATED TO THE TEAT DISEASE OR CONDITION GIVEN IN PART 1 (A) 19 A. DATE OF OPERATION 19 B. CONDITION WAS PERFORME 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	JTING MINAL N FOR WHICH OPERATION D 218 PLACE OF INJURY (e.g., i hame, farm, factory, street, aletc.)	20A. AUTOPSY? (Yes or No)	(If in Baltima	SUSES OF DEATH?
DICAL CERTIFICATIO	TISE TO THE ABOVE CAUSE (A) SIGNIN UNDERLYING CONDITION TO ST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TEAT TO THE TE	JTING MINAL N FOR WHICH OPERATION D 218 PLACE OF INJURY (e.g., i hame, farm, factory, street, aletc.)	20A. AUTOPSY? (Yes or No) LS n ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	SUSES OF DEATH?
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MEDICAL CERTIFICATIO	TISE TO THE ABOVE CAUSE (A) SIGNIN UNDERLYING CONDITION TO ST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TEAT TO THE TE	JTING MINAL PERMINAL 218 PLACE OF INJURY (e.g., in the part of t	20A. AUTOPSY? (Yes or No) PS n or about 21C. WHERE DID ffice bidg., NJURY OCCUR? 21F. HOW DID INJU	IN CERTIFYING	ire City, give exact location)
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MEDICAL CERTIFICATIO	rise to the above cause (A) station UNDERLYING CONDITION tost. J	JTING MINAL PFOR WHICH OPERATION 218 PLACE OF INJURY (e.g., i hame, farm, factory, street, aletc.) 216. INJURY OCCURRED While At Not While At Wark Indeed the deceased fram	20A. AUTOPSY? (Yes or No) LS n ar about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 19 68 and the riew the bady after death. 23D. ADDRESS BALTIMO	IN CERTIFYING (If in Baltima IRY OCCUR? 1 to	inian death accurred an the description of the signed and the description of the signed and the description of the signed and
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made.

			68-	549	BALTIMORE CITY	HEALTH DEPARTMENT	10	
1	BIRTH NO),		O ZOF	CERTIFICA	TE OF DEATH	REG NO.	68 5492
	.NAME (of DECEASE	wood MA	Rlin	Snider	2. DATE AND	HOUR OF DEATH	9681 12 15 AMM
	3. PLACE	IN BALTIMO	RE, MARYLAND, WHERE	PRONOUN		4. USUAL RESIDENCE (Where A. STATE B. COUN		stitutian: residence befare odmissian)
- 11	FULL NAM	OR	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	R INSTITUTI	ON, GIVE STREET	Penn - C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	384	MIU	Hosp, Ba	.lTi	m 01 6	E. STREET AND NUMBER	no, 1a	YES NO NO
5	. SEX	6. RA	ACE 7. MA	ARRIED Q	NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	\\	1 00001841	A A I	OWED	DIVORCED	1/17/12	ast bighday	Months Doys Hours Min.
					Mach. Co.	Penn.	gn country)	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHE	R'S NAME	1/ 6/3			14. MOTHER'S MAIDEN NAM		
	M	ARTIN	L. Snide			Carrie Se	1/hamer	
1	S. Was D Yes, no or u	eceased Ever unknown) (If y	in U. S. Armed Forces? es, give wor ar dates of s	ervice)	6. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
	~		-	2	205-34-7890	Hosp Kecor	d	
	1B. 3	95.0			CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			R CONDITION DIRECTL DING TO DEATH	Υ		SE Ventricul	(F.L.	1/2/2 / /2
			neon the mode of dying		(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:	ar 1-100	1141104 100.
			enio, elc. II meons the d Ilion which caused death					
		ANTE	CEDENT CAUSES		(p)	Horlic Val	Disease	
			CONDITIONS, if any,		DUE TO, OR AS	A CONSEQUENCE OF:		
			oove couse (A) statir ONDITION lost.	ng The	(c) Irob	Rheu. Hea	rt. Dise	45 e
	4	1 / X	11					
			IT CONDITIONS CONTRIB					
	DISEA	SE OR COND	ITION GIVEN IN PART 1 (A)).	IICH OPERATION	[20A. AUTOPSY? (Yes or No)	20B. IF YES WERE F	INDINGS CONSIDERED
	19A.D	2 14	V 68 WAS PERFORM		ic STenosis	465	IN CERTIFYING CAL	
	U 21 A. A	ACCIDENT W	AS UNDERLYING CAUSE OF	21 B. PL	ACE OF INJURY (e.g., i	n or obout 2FC. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimare	City, give exact location)
		H (notify med		etc.)	form, foctory, street, of	ince biags, INJORT OCCOR:		
	21 D. T	IME (Mo	nth) (Doy) (Year) (Hou	ur) 21E. IN	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	(APPR			While Work	At Not While			
	22. 1	certify that	(I) (this hospital) atte	ended the	deceosed from	5/19/88 1	9 to 2	FMAY 6819.
	that ((1) (we) lost	sow the deceased ali	ve on 2	4 MAY 6	£ 19 ond the	it in (my) (our) opin	nion deoth accurred an the date
,			m the couses stated of	ove. (I) ((We) (did) (did not) v	iew the body after deoth.		
	23A. SI	IGNTATURE	March	111.	Afte	nding Med.	Staff Phys.	23B. DATE SIGNED
		HYSICIAN'S IAME (Type)	(anew	un		23D. ADDRESS	rnys. —	
	C	P.M.	ANDERSON	,	M. D. DEGREE	Univ. Hos	P., Bal	Timore
	Bur	OVAL (Specif			Thomas Cementery of CRI	MATORY 24D. LC	Thomas Per	ry, tawn, ar county) (Stote)
	SA. DATE	E REC'D BY	FALTH PEP968 2582	1	REGISTRAR DOLLAR	2SC FUNERAL DIRECTOR		
ΙĘ	S 150-RE	V. 1/1/6B				10		



FUNERAL DIRECTOR: IMPORTANT

10	CO_ 5/02	ATE OF DEATH REG. NO.	8- 5493 -
	BIRTH NO. 66 No 181	2. DATE AND HOUR OF DEATH	
	KEITH LUEACHUSEN (Keith Luebehus	Sen) 5/23/67 14. USUAL RESIDENCE (Where deceased lived. If institution	3 4 M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY MARYLAND A. A. A.	on: residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CI	
ľ	THE JOHNS HOPKINS HOSPITAL	GLEN BURNIE YES	NO L
1	3.3 ×	105 COUNTRY CLUB DRIVE	
	6. RACE 7. MARRIED NEVER MARRIED MALE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If U Man	Jnder 1 Yr. If Under 24 Hrs. oths Days Haurs Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI one during most of working lite, even if retired)	Y 11. BIRTHPLACE (State or fareign country) 12.	CITIZEN OF WHAT COUNTRY?
	None None	Maryland U	JSA
	GERHARD F. Luebehusen, Jr.	OWARON HERROLING	
Ī	5. Was Deceased Ever in U. S. Armed Farces? Yes, na ar unknown) (If yes, give war ar dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Address Same as #4
,	No None None	Mr. Gerhard F. Luebehusen,	
	DISEASE OR CONDITION DIRECTLY	1.0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	AUSE MASSIVE ASPINATION S A CONSEQUENCE OF:	· V NANOWN
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	S A CONSEQUENCE OF:	shules !
	ANTECEDENT CAUSES	GRESSIVE COLVEXIA	4/17/68
	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	MPING SYNDROME	3/14/68
	462./ II		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).		
	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTO SY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
	O 21A. ACODENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimore City, office bldg, INJURY OCCUR?	give exact location)
	DEATH (notify medical examiner)	NA	
	21 D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED (APPROX.)	nile \(\mathred \textit{N} \textit{A} \)	
	22. I certify that (I) (this haspital) attended the deceased fram		3/68 1968
	that (I)(we) ast saw the deceased alive an 3/22	19 6 ond that in (my) (our) opinion	
	and hour and fram the causes stated above. (1) (We (did) did not)		DATE SIGNED
	AH. AH	tending Med. Stoff	5/23/Cx
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	COLTAI
	F. J. SCARPA GEGRE 24A. BURIAL CREMATION, 1248, DATE 24C. NAME of CEMETERY of CI		
	REMOVAL (Specify)	The second secon	vn, or county) (Stote)
-	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS n Funeral Home
L	MAY 27 1968 (Resto E. tarbergen	Cilof Como Silen Bu	rnie Md.

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	this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner.	dis ce
	무수	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such the remains are embalmed or final disposition is made.
	. —	

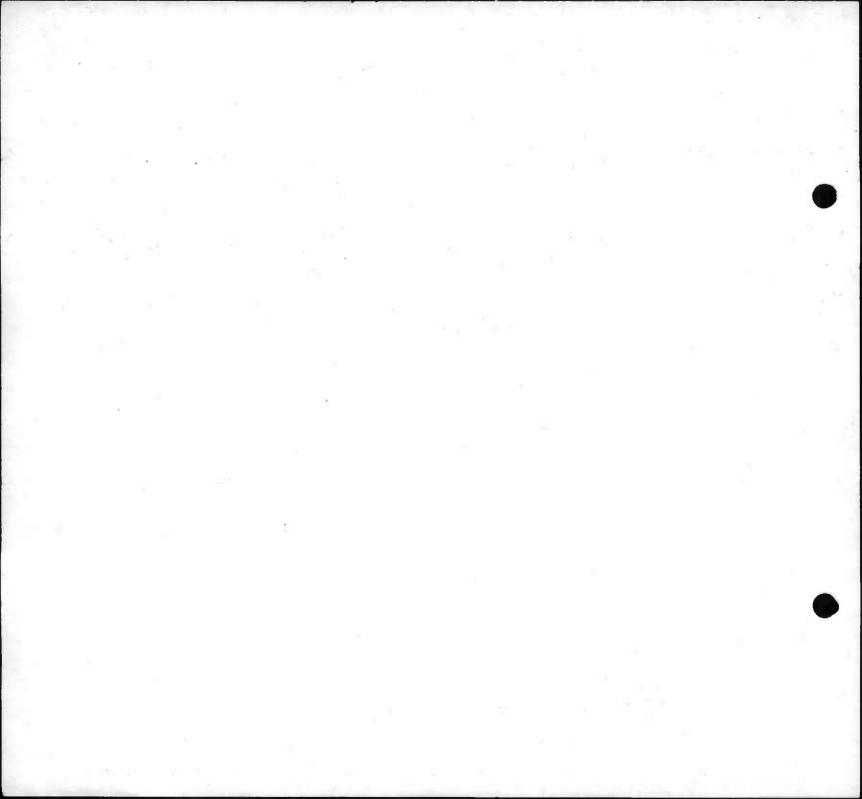
R-152 68-	5494 BALTIMORE CIT	Y HEALTH DEPARTMEN		68- 5494
	CERTIFICA	ATE OF DEATH	REG. NO	00 0101
I, NAME OF DECEASED	1		AND HOUR OF DEATH	02.66
(Type or Print) -DWARI	> U. TOBIN	SON	MAY 73.1	7:330PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD		Where deceased lived If	institution: residence before admission
	INICETAL CONTRACTOR	MARYLAND B. CO	TINO	1
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION BALTIMORE CTTY H	OCTOTIVE C	C. CITY OR TOWN		SIDE CITY LIMITS?
		BALT IMORE		YES X NO
4940 EASTERN AVE		E. STREET AND NUMBE	R	
BALTIMORE, MARYI	AND #21224	4719 EASTE	RN AVE BALT	0.MD. #21224
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	O ACE /In wants	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
MALE WHITE WID	OWED DIVORCED	7-11-11	tost birthdoyl	
IDA. USUAL OCCUPATION (Give kind of work 10B. K	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even il retired)		UNKNOWN		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN		0.0.11
UNKNOWN		UNKNOWN		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL		THAT ATTO	OC D THE AM DESCS
(Yes, no or unknown) (If yes, give war or dates of se	SECURITY NO.	ROBERT SECTION	TIMORE CITY H	
		4940 EAS	TERN AVE., BA	LTO.,MD. #21224
18.571.0	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	1	Australia	1100000	PATHY ~ 6-7 YRS
LEADING TO DEATH	(A) IMMEDIATE CA		MOCARDIO	MIN 1 0 6 - 1 7127
(This does not mean the mode of dying heart failure, osthenia, etc. It means the d		S A CONSEQUENCE OF:		
injury or complication which caused death)			
ANTECEDENT CAUSES	(R)	ALCOHOLI	SM	
DISEASES OR CONDITIONS, if ony,	9 9	S A CONSEQUENCE OF:		
rise to the obove cause (A) statin UNDERLYING CONDITION lost.	g the (C)			113
	(0)	17.		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING	1111100	CIRRHOSI	<
I TO THE DEATH BUT NOT RELATED TO THE TERM	AINAL	LANNECS	CIKIZHUSI	?
DISEASE OR CONDITION GIVEN IN PART 1 (A)	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	U	NO	IN CERTIFYING C.	AUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g. home, form, foctory, street,	in or obout 21 C. WHERE DI	D (If in Boltime	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	omce orag, INJURT OCCUI	A.:	
O 21D. TIME (Month) (Day) (Year) (Hou	i) 21E, INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (House of INJURY (APPROX.)	While At Not Wh	nile 🗀	- 100 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
	Work At Wor		10	MAN 22 10
22. I certify that (4) (this hospital) atte	nded the decepsed from	INAY 14	19 60 to	1414 20 19 08
that (1) (we) lost sow the deceased aliv		E IOV	d that In (my) (aux) ap	oinion death accurred an the da
and haur and from the causes stated ab	ave. (1) (We) (did) (did	view the body after dea	th.	
23A. SIGNATURE		ALC DELL'ART LA L'ART		23 B. DATE SIGNED
Varamond J. X		Hending Med.	Staff	5/25-28-68
23C. PHYSICIAN'S	DEGREE PI	23D. ADDRESS_	Phys.	0/0/00
NAME (Type)	14 D	BALT IMOR	E CITY HOSPIT	ALS
RAYMOND J. LASURE,	UEGRE		RN AVE BALTO	
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY of C			City, town, or county! (State)
Burial 5-27-68			Dalla Landon	
Dala	Oak Lawn Cemet	ery	Baltimore, r	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. N	Oak Lawn Cemet	25C. FUNERAL DIREC	TOR	ADDRESS
		25C. FUNERAL DIREC	TOR	

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

68- 5495 BALTIMORE CITY HEALTH DEPARTMENT 68- 5495
68- 5495 CERTIFICATE OF DEATH REG. NO. 68- 5495
BIRTH NO.
1. NAME OF DECEASED (Type or Print) Thompson, Milton Heming 2. DATE AND HOUR OF DEATH 345/PM 15/18/68
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decrosed lived. If institution: residence before admission A. STATE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION) O. IDISIDE CITY LIMITS OF TOWN D. IDIS D. I
38 Wot recylence Hospi
DSIVO, Md. 4320 Sheldon Ave
S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 11 Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTED
Entrom PRINTER Md. USA
14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(Yes, no at unknown) (If yes, give war or dates of service) SECURITY NO. 216-10-7761A
18. 7 9 CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the made of dying, e.g., Out TO DEATH (A) IMMEDIATE CAUSE Out TO DEATH DUE TO, OR AS A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES 2 to (c Vaharas)
DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
uise to the obove couse (A) stoting the UNDERLYING CONDITION last, (C)
157 X II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (1es or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Tes & No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
E (APPROX.) Work Not While At Work
22. Legrify that (1) (this haspital) attended the deceased from 5 1760 19 to 3/18/68 19
that (1) we) last saw the deceased alive an 51.816.
and hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
Attending Med. Stoff Sto
23 C PHYSICIAN'S NAME (Type) 23D. ADDRESS
JEPFREY STIFL, MD GEORGE YOT Md. HOST DORP MY.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 5/21/68 LOUDON PARK CEMETERY BALTIMORS, MD. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR. ADDRESS 2122
MAY 27 1968 PLANE STREET WAS ADDRESS 2128
VS 150-REV. 1/1/68



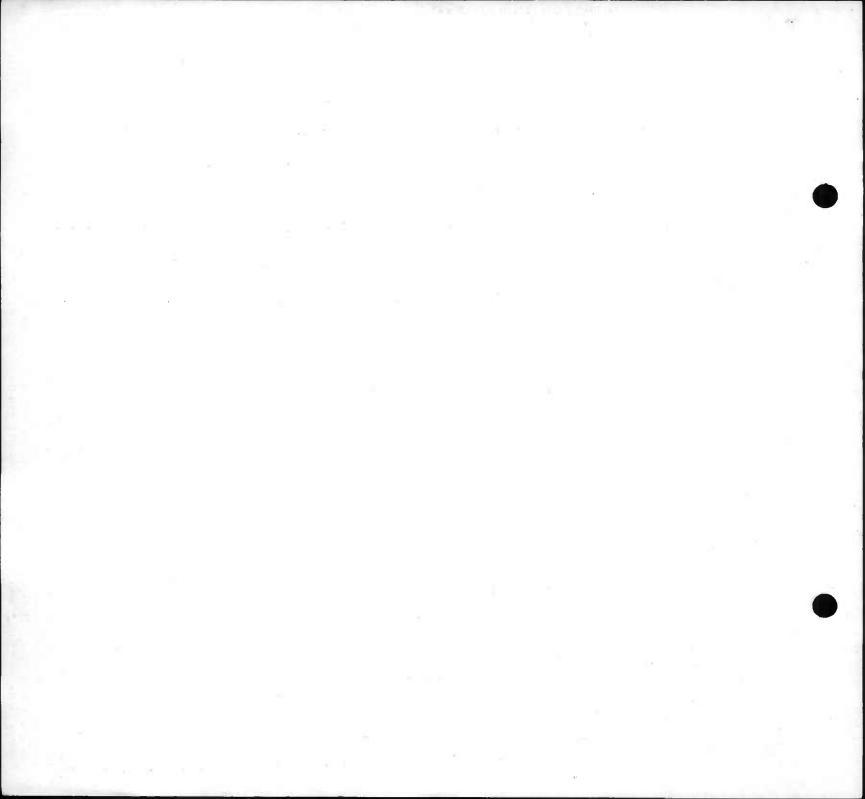
a hospital and

			68-	- 549			EALTH DEPARTMENT		68-	- 5496	
1. N	TH NO. AME OF DEC		IA AN		E BRUN	ICAI		and Hour of D	EATH		
3. F	PLACE IN BALT	IMORE MARY					USUAL RESIDENCE			residence before	odmission)
HO	LL NAME OF	of Not In Address			UTION, GIVE STREI	ET C	Md. CITY OR TOWN 3altimore STREET AND NUMBE	Ē	YES X	-]
9	0							Paca St.			
5. s	emale	6. RACE Cau.		7. MARRIED WIDOWED	NEVER MARRIE	- L	DATE OF BIRTH Ine 17, 1883	9. AGE (In year lost birthday)	s If Und Month	der 1 Yr. If Un s Doys Hours	der 24 Hrs. Min.
		PATION (Give ki varking life, even		5&10		OUSTRY 11	Md.	foreign country)	12. CI	TIZEN OF WHAT	
13.	FATHER'S NAM	ΛE	1			14	MOTHER'S MAIDEN	NAME			
	???			Nor	ris			???????????	??		
(Yes		Ever in U. S. A liff yes, give w			1 6. SOCIAL SECURITY NO 220-03-03	48	INFORMANT Louis Le	Brun, 121	N. Lake	ADDRESS ewwod St.	21224
NOI	DISEASES OF THE UNDERLYING	ANTECEDENT OR CONDITION CONDITION IL ICANT CONDITION H BUT NOT RELA	NS, if one of the second of th	stating the		4	onsequence of:	CUKS	> Huit		
ERTIFICAT	DISEASE OR C	OPERATION	N IN PART 19B. CONE WAS PERF	I (A). DITION FOR ORMED	WHICH OPERATION		20 A. AUTOPSY? (Yes		WERE FINDING G CAUSES OF	S CONSIDERED DEATH?	
CALC	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSI medicol examin	RLYING [21 B han etc.		Y (e.g., in a treet, office	r obout 21 C. WHERE Dt	D (If in B	altimare City, g	give exoct lacation	1
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy	(Yeor)		INJURY OCCURR	eD of White t Work	21F. HOW DID	INJURY OCCUR?			
	22. I certify	that (1) (this	hospitol)	attended t	he deceosed from	n 57	200	1966 10	my	22	168
		last saw the			may 2			d that in (my) (o	opinian de	ath occurred o	on the date
	and hour and fram the causes stoted obave. (1) (We) (did nat) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED)			
	23C. PHYSICIA	rel Ce	11	uxu	DEGR		Med. Director	Stoff Phys.		5/23	3/68
	WILL	tori) /	2006	EFFE	DA	06	615 Ke	stasom	- M	1	
24A	Burial CREA	MATION, 24B.	DATE 7 23,1		oreland Pa			Baltimor		or county) Maryland	(State)
25A	DATE REC'D	BY HEALTH DE	68 (I	DE H	OF REGISTRAR	20	Wm. GOOR-B		7°St. Pa	ADDRESS au1 Stree	d.

T217 St. Paul Street.

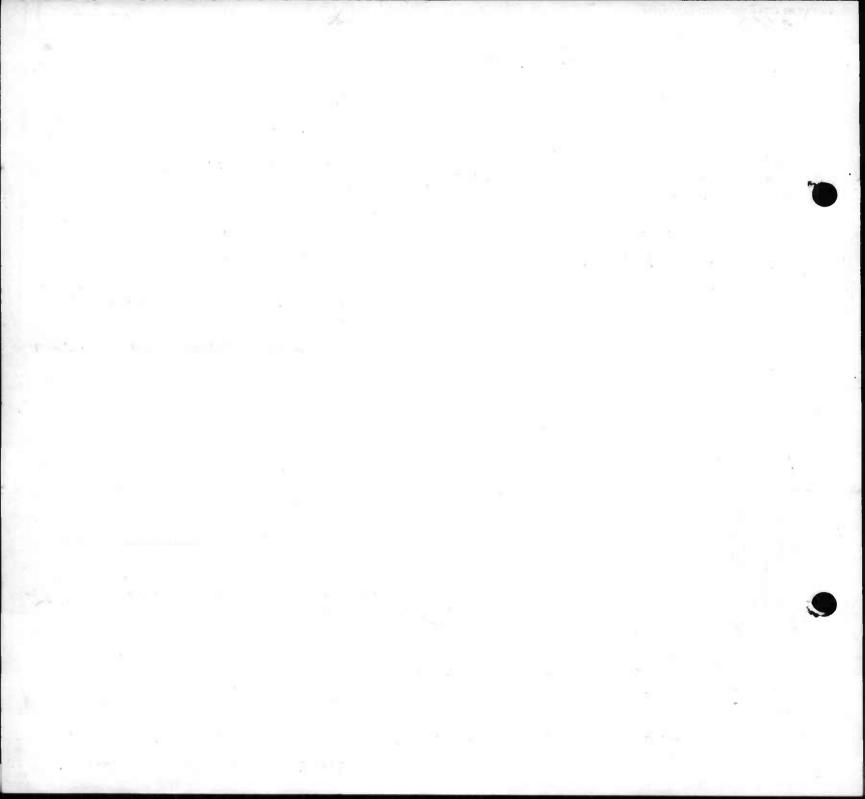
VS 150-REV. 1/1/6B

21202



in regular attendance on the deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su
s are embalmed or final disposition is ma	written approval must be obtained before the remains are embalmed or final disposition is made.
in regular attendan	No physician was in regular attendan
s are embalmed or fi	before the remains are embalmed or fi
	No physician was before the remain

68- 54	1.97	HEALTH DEPARTMENT REG. NO.	68- 5497
BIRTH NO.	CERTIFICA	TE OF DEATH	
Type or Print Louise E. Mi	ller	2. DATE AND HOUR OF DEAT 5/21/1968	11:42 p. N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPERTY OF THE PROPERT		A. STATE B. COUNTY Md. Baltimore C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1644 Kingsway Rd.	Institution: residence before admission ISHDE CITY LIMITS? ES 7
5. SEX 6. RACE 7. MARRI Female White WIDOW	ED X DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 79	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND done during most of working life, even if retired) Homemaker 13. FATHER'S NAME William C. Henderson	OF BUSINESS OR INDUSTRY	Baltimore Md. 14. MOTHER'S MAIDEN NAME Elizabeth Young	USA
I.S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates af service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT Ethel H. Bankard 61.32	ADDRESS 2 Parkway Drive
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give itse to the obove couse (A) stoling UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ing DUE TO, OR AS The (C)	ISEMPLONALA DIJONE A CONSEQUENCE OF: A CONSEQUENCE OF: LOC DEMPLEMENTATION	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING			E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	ore City, give exact location)
	21E, INJURY OCCURRED While At Not While Work Not Work		
22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	n may 16	1968 ond that in(my) () o	pinion death accurred on the do
23C. PHYSICIAN'S MAME (Type) JACK WEXLER 24A. BURIAL CREMATION, 24B. DATE 24A. REMOVAL (Specify) 24B. DATE 24C	DEGREE NAME of CEMETERY OF CR	23D. ADDRESS 2-22-W. Cold Spring to. EMATORY 24D. LOCATION	ne followne, Md (City, town, or county) (State)
Burial 5/24/68 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM MAY 27 1968 0.2	Lorraine Come	tery Woodlawn M 25C. FUNERAL DIRECTOR Mitchell Wiedefeld Home	ADDRESS

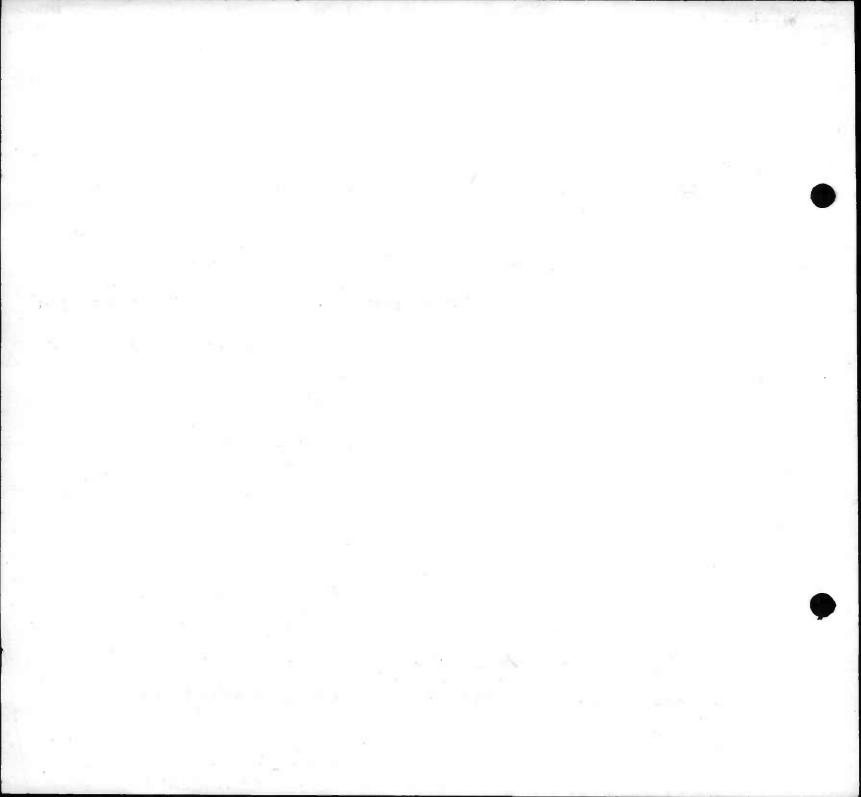


Balto., Md. 21212

IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



w-	4527	
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	E (
Ę	direct direct ; (4) th we on the dispo	1
FUNERAL DIRECTOR: IMPORTANT	Also, if the control of the control	-
OR:	iner. ractur pron	
RECT	exam exam (3) A fi n who in reg	
L DI	edical dical Jrns; (ysicia was main	
ERA	ief mandy properties in the re-	
J-N	he ch by c (2) Bo re th phys fore t	
	spital vure; (vure; (
•	st be approved assed to the hor ent of any nat spital (except death); and (6 nust be obtain	
	s relection accidents at a horizon to oval m	
	dy wa (1) An O.A. o ed pri	-
	his ce he book hows: ras D. eceas	
	F = 2 3 0 3	

BIRTH NO	00	CERTIFICA	TE OF DE	ATH REG. NO.	00 02	00
INAME OF DECE	EASED		-	2. DATE AND HOUR OF DEATH		1 Ch
(Type or Print)		2000		5/20/68	8	20 P M
3. PLACE IN BALT	TAR NMO U	ONOUNCED DEAD		ENCE"tWhere deceased lived. If	-	
			A. STATE	B. COUNTY	1 47	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C. CITY OR TOWN	N D IN	SIDE CITY LIMITS?		
1143111011014			BALT	0.	YES NO	
un, un,	ION MEMORIAL	1405 P.	E. STREET AND	NUMBER		
79			12 E.			
5. SEX	1.4.75	RIED NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs.
	IPATION (Give kind of work 108, KIN	WED DIVORCED DIVORCED		//	112. CITIZEN OF WH	AT COUNTRY
done during most of w	vorking life, even it retired)	D OF BOSINESS OK INDOSTRI			U.S. A.	AT COUNTRY.
JOURNA 13. FATHER'S NAM	ALIST (RET'D)		WASHI		01,3,14.	
		000	14. MOTHER'S M			
	ES. A. WILLI			RA HALL.		
(Yes, no or unknown)	Uf yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	John Wil	liams Essex Junc	tion, Vermor	nt
yes	I .W.W	212-01-7163		J. Flynn 1520 Fid		
18. 574	F ₁ / 1	CAUSE OF DEAT	Н			SET AND DEATH
	E OR CONDITION DIRECTLY		Som		1	المحتوا
	of mean the mode of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE	CEMIA		000
	osthenio, etc. II meons the dis	ease				
A	ANTECEDENT CAUSES	CALA	WEITIC	4 hven Asso	JECC V	NEEK
DISEASES O	R CONDITIONS, if any, . g	iving DUE TO, OR AS	A CONSEQUENCE	OF:		
	obove couse (A) stating CONDITION lost,	the (c) CHOLE!	LIDAVAS	is a CHOLEDOCIDE	LITHE OSIS	
TO THE DEAT	ICANT CONDITIONS CONTRIBUT				2	D
DISEASE OR CO	OPERATION GIVEN IN PART 1 (A). OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDER AUSES OF DEATH?	ξD
19A. DATE OF			YE.	5		
OR CONTRIBU	NT WAS UNDERLYING THE THE THE THE THE THE THE THE THE THE	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., NJURY	OCCUR?	ore City, give exact local	non)
21 D. TIME	(Month) (Doy) (Year) (Hour)			W DID INJURY OCCUR?		
(APPROX.)		While At Not While Work Not Work	e 🔲			,
22. I certify	that (1) (this hospital) atten	ded the deceased from	hay 1.	3 19 6 8 to n	ray 20	19 6 P
that (I) we	lost saw the deceased alive	on may 20	₩ 6 F	ond that in (my) our op	inion death occurre	d on the dote
and haur and	I fram the causes stated abo	ve. (I) (did not) v	lew the bady af	ter death.		
23A. SIGN ATU	RE O	· 1. 1			23 B. DATE SIGNED	
Enn	gue Cipus	DEGREE Phy		ectar Phys.	5/20/6	P
23C. PHYSICIA NAME (T)	ype)	M 0.	23D. ADDRESS	a. 1 (1)	t ct	
ENRI	QUE LIPAIA	DEGREE	25	and Cow	44.	/54-4-1
MANA SURIAL CREA	"61" ashes .5/27/6	4C. NAME of CEMETERY of CRI 8 Arlington Na	t. Cem.	Arlington,	Va.	(Stote)
remation	5/23/68	Greenmount Cem.	crematory	Balto. Md	ADDRE	***
25A. DATE REC'D	MAY 2 7 1968	Coul & Farluna	Mitche]	ll-Wiedefeld Home	6500 York	
V\$ 150-REV. 1/1/6	B COOL OF THE PARTY OF THE PART	Om al mondin		Balto., Md. 212		
TO 100-REVI 1/1/0						THE RESERVE

William Colored Charles of the said Annual Charles The state of the s the contract of the town "my a aprior h. a x for for encore coming me is and colors ?

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

